



Butler Recreation American Red Cross Course Registration Form

Name: _____ Phone: _____

Address: _____ Email: _____

_____ Age: _____

Circle following: Butler Student HRC Member Non-Member

Dates *Registration Deadline Wednesday, April 15, 2009*

CPR/AED for the Professional Rescuer Course	April 20 & 22, 6p-9p April 21 & 23, 6p-9p April 28 & 30, 6p-9p
First Aid and CPR/AED for the Professional Rescuer Course	April 27 & 29, 6p-9p

CPR/AED for the Professional Rescuer

-Learn the skills professional rescuers use to respond to breathing and cardiac emergencies based on ECC 2005 guidelines. Upon successful completion of this course, participants receive American Red Cross CPR/AED for the Professional Rescuer and Healthcare Provider (r.06) certification, which is valid for 2 years. This course is intended for healthcare providers (pharmacy, physician assistant students, etc.).

First Aid and CPR/AED for the Professional Rescuer

-Learn the skills professional rescuers use to respond to breathing and cardiac emergencies based on ECC 2005 guidelines. Upon successful completion of this course, participants receive American Red Cross CPR/AED for the Professional Rescuer and Healthcare Provider (r.06) certification, which is valid for 2 years and First Aid certification which is valid for 3 years. This course is intended for healthcare providers (pharmacy, physician assistant students, etc.).

Price **Please circle choice**

CPR-Pro Course	\$50
First Aid and CPR/AED Course	\$75

*No refunds given

**Books and equipment must be purchased at the Red Cross before the class begins. Approximate cost of books \$21 for CPR/AED only and \$31 for First Aid and CPR/AED.

Use of facilities by Butler University faculty, staff, students, and authorized guests is at your own risk

In consideration for the acceptance of my entry, I, for myself, my executors, administrators, and assignees, do hereby release and discharge Butler University, Department of Recreation, their employees, officers, board members, and all individuals assisting all program areas from claims of damages, demands, and actions whatsoever, in any manner or growing out of my participation. I certify that I assume and will pay my own medical and emergency expenses in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expense, and that I am physically fit to participate in this event.

Signature _____ Date _____

OFFICE USE ONLY

Payment Method:	Amount Paid:
Date Received:	