



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LEARN TO SAVE LIVES

CPR and First Aid Courses
SOUTHWEST YMCA

January - June 2012



CPR AND FIRST AID COURSES

CPR COURSE

Our CPR course is designed to give you the skills needed to respond in an emergency situation to save a life. Topics include:

- When and how to access local emergency medical services
- Recognizing and reacting in a crisis situation
- Heart saver adult/child CPR (no infant)
- What to do in case of airway obstructions or choking
- Risk factors for heart attack and stroke
- How to use an AED

Participants will receive an American Heart Association CPR Certification card. The certification is valid for two years.

Fee: \$40

FIRST AID & CPR COURSE

Our First Aid course teaches you how to manage illness and injuries until professional help arrive.

Topics include:

- CPR - Adult/Child (no infant)
- Bleeding control
- Burns
- Shock
- Poisoning
- Fractures
- Seizures
- Diabetic emergencies
- Insect bites and allergic reactions
- Other life threatening emergencies
- Using an AED

Participants will receive an American Heart Association First Aid Certification card. The certification is valid for two years.

Fee: \$55

GENERAL INFORMATION

- Space is limited
- Register at Southwest YMCA Membership Desk
- Payment in full is required to reserve your spot
- No refunds will be issued for this program

CLASS DATES AND TIMES:

Southwest YMCA provides American Heart Association (AHA) CPR and First Aid training. Both courses are open to the public. Preregistration is required for all classes.

CPR Course Dates and Times

- Thursday, January 26
5:30–10:00 pm
- Thursday, May 17
5:30–10:00 pm

First Aid & CPR Course Dates and Times

- Thursday, March 15
5:30–10:00 pm
- Thursday, June 7
5:30–10:00 pm

For more information regarding our CPR and First Aid courses, contact Southwest YMCA Membership Desk at 408 370 1877.



JOIN. GIVE. VOLUNTEER.

To become a YMCA member, donate, or volunteer your time, visit swymca.org or call 408 370 1877.



SOUTHWEST YMCA

3500 Quito Road, Saratoga, CA 95070 • 408 370 1877 • swymca.org

CPR AND FIRST AID REGISTRATION FORM

(Each participant requires a separate form)

PARTICIPANT'S INFORMATION

Participant's Name _____ Sex: Female Male
 Address _____ Home Phone _____
 City _____ Zip _____ Email _____
 Does participant require any accommodations for this activity? Yes No
 If "Yes" please explain: _____

EMERGENCY CONTACT

Name _____ Relation _____
 Home Phone _____ Emergency Phone _____

Email is one of the fastest, most cost-effective, and environmentally friendly ways for us to communicate with you. We would like to send you periodic emails and automated phone calls with Y news and special offers. We will never share or sell your email, phone number or address to any third party. You may unsubscribe at any time.

Please do NOT communicate with me by: email phone

MEMBERSHIP, PAYMENT AND CANCELLATIONS/TRANSFERS

- I understand that all programs have a minimum enrollment. Programs not reaching minimum enrollment will be canceled. In this case, the member will have the option of receiving a full refund or credit, or of switching to another similarly priced program or class, if available, at no extra charge.
- I understand that there are **no "make-ups"** for missed classes, whether the member is sick, out of town, or unable to attend. The member may not attend a class at another time slot in place of a missed class. You do not need to call the YMCA if the member will be missing a class.
- Transfers/Cancellations** may be made in writing or via email to the appropriate director. I understand that I will be assessed a \$15 charge and my request for changes needs to be made two weeks prior to the close of the registration. Transfer requests made after registration closes will be assessed the \$15 late fee as well if space is available.
- I understand that if I am given a credit, it is **valid** for six months from the start of the original class program/class for which I registered.
- By signing up for the programs indicated below I understand and accept the above policies:
- Photo Release:** I hereby irrevocably consent to and authorize the use and reproduction by the YMCA, or anyone authorized by the YMCA, or any and all photographs which you have this day taken of me or my child, negative or positive, for any purpose whatsoever without compensation to me. All negatives and positives, together with the print, shall constitute the YMCA's property, solely, and completely.

X

Participant Signature _____

Date _____

CPR COURSE	FIRST AID COURSE	PRICE	
<input type="checkbox"/> January 26, 2012	<input type="checkbox"/> March 15, 2012	\$40/\$55	\$ _____
<input type="checkbox"/> May 17, 2012	<input type="checkbox"/> June 7, 2012	TOTAL	\$ _____

PAYMENT INFORMATION

My check or money order is enclosed. Charge my: Visa Mastercard American Express Discover
 Name of Cardholder _____ Signature _____
 Account Number _____ Exp. Date _____

OFFICE USE:

Rec'd by _____ Date _____ Entered by _____ Date _____

RELEASE WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services, and programs of the YMCA (or for my children to participate) for any purpose, including, but not limited to observation or use of facilities, equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees, and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned or such children in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases or in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or otherwise while participating in any program affiliated with the YMCA.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

Signature of Applicant/Parent

Date

Print Name of Child in Program

Print Name of Applicant/Parent