



# Clifton Springs Family YMCA

## Certification Course

### Registration Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: M / F  
Parent/ Guardian Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email Address: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**CPR Course Date:**

Saturday, February 9th 8:00am-12:00pm

**First Aid Course Date:**

Saturday, February 9th 12:30pm-4:30pm

**Cost per class:**

\$35 Members/ \$50 Program-Members

*(\$5 discount given if registering for both courses)*



**CONSENT & WAIVER**

- To the best of my knowledge, I am medically, emotionally and physically fit to participate in this program.
- I give permission to use my likeness in any and all promotional or advertising materials related to Clifton Springs Area YMCA programs and events.
- I understand and acknowledge that the Certification Course may involve physical activity and that myself or my child may be injured while performing or practicing. I will not hold the YMCA, its principles, or representatives responsible for any injury myself or my child may sustain while participating in this program. In the event of an injury to myself or my child and in my absence, I authorize the YMCA and its agents to obtain and provide emergency medical care and treatment as deemed necessary. I further agree to be legally and financially responsible. My health and accident insurance will cover my child.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_/\_\_\_/\_\_\_  
Today's Date