



American Red Cross CPR/AED Training Classes

In these courses you will learn how to respond to breathing and cardiac emergencies. This class includes Automated External Defibrillator (AED) training. Adult CPR is for victims 12 years and older. Pediatric CPR is for victims under 12 years old. Participants who successfully complete the course will receive an American Red Cross certificate valid for 2 years. *Register at least 1 week before session date.*

Who: 13 and older
Where: New Hope City Hall, 4401 Xylon Ave N.
Fee: \$64/per class

Activity 110504

When: Saturday, March 28
ADULT CPR/AED
9-12:00 pm

PEDIATRIC CPR/AED
1-4:30 pm



FYI: For more information or to register please check online at <https://webtrac.robbinsdalemn.com> or you can check our website: www.robbinsdalemn.com for information or follow the activity link to online registration. Mail/drop off waiver form with payment to Robbinsdale City Hall, 4100 Lakeview Ave. N, Robbinsdale, MN 55422. Refunds, program credits or transfers are allowed up to registration deadline. All refunds are subject to a \$5 service fee. Confirmations are not sent. Participants should attend the class unless informed it has filled or been cancelled. No refunds after the deadline. Payment by check authorizes the city to use information from your check to make a one-time electronic transfer from your account to process the payment.

ARC CPR & AED Training Registration & Waiver Form

Please print clearly. Make checks payable to City of Robbinsdale; 4100 Lakeview Avenue No., Robbinsdale, MN 55422

Name _____ Birthdate: _____ Adult Contact: _____

CIRCLE CLASS: **Adult** **Pediatric**

ADDRESS _____ CITY _____ ZIP _____

Phone (H) _____ (W) _____ (cell) _____

Contact's email: _____ Payment: CASH CHECK CREDIT CARD

Total AMT: \$ _____ Credit Card Number: _____ Expiration Date: _____

Card Holders Signature: _____ 3 or 4 digit code: _____

Please list any special needs or equipment participant may need: _____

Liability Waiver:

The undersigned acknowledges that recreational and sports programs involve inherent risks of personal injury. It is agreed that participation in the program is voluntary and at the participant's sole risk. The City shall not be liable for any claims, demands, injuries or damages whatsoever to the participant or participant's property arising out of the participant's participation in the program. On behalf of the participant, the undersigned releases and discharges the City, its employees or agents from all such claims, demands, injuries or damages, except those directly caused by the gross negligence of the City, its employees or agents.

Signature Participant or guardian, if participant is under 18 : _____ **Date:** _____