



American Red Cross CPR/AED Training Classes

In these courses you will learn how to respond to breathing and cardiac emergencies. In the classroom you will have the opportunity to learn from and interact with a Red Cross instructor who will guide you through hands-on practice of the lifesaving skills of cardiac pulmonary resuscitation (CPR) and use of the Automated External Defibrillator (AED). 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.*

Activity 110504

Who: 13 and older

Where: New Hope City Hall, 4401 Xylon Ave N.

Fee: \$62/per class

When: Saturday, March 3

ADULT CPR/AED
(for victims 12 years & older)
9 am-12 pm

PEDIATRIC CPR/AED
(for victims under 12 years old)
1-4 pm

When: Saturday, April 28

ADULT CPR/AED
(for victims 12 years & older)
9 am-12 pm

PEDIATRIC CPR/AED
(for victims under 12 years old)
1-4 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 to follow the link to online registration. Mail/drop off waiver form with payment to Robbinsdale City Hall, 4100 Lakeview Ave. N, Robbinsdale, MN 55422. Call 763-531-1278, Monday-Friday, between 8:30 am and 4:00 pm. using VISA, MC or Discover.

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: March 3-Adult March 3-Pediatric April 28-Adult April 28-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:** _____