



We build strong kids, strong families, strong communities.

2008 Registration for Adult, Infant & Child CPR/AED

Location: All classes held 1-8pm at the Cool Springs YMCA on Seabord Lane
2008 class dates: (please indicate which class you're registering for by checking the appropriate box)

- January 26 April 19 July 19 October 25
- February 16 May 24 August 23 November 15
- March 29 June 21 September 13 December 13

Class Fee: \$ 35.00 (program members and facility members)

Course Notes: The purpose of the CPR/AED course is to teach community members the skills needed to respond appropriately to breathing and cardiac emergencies. This includes the use of automated external defibrillation to care for a victim of cardiac arrest.

To receive the course completion certificate the participant must:

- Participate in all skill sessions and scenarios;
- Demonstrate competency in all required skills; and
- Pass the final written exam with a minimum grade of 80 percent.

Participant's Name	Class Date	
Home Phone	Alt. Phone	
Address		
City	State	Zip

In consideration of being allowed to participate in the aquatics programs of the YMCA of Middle Tennessee ("YMCA") and to use its facilities, equipment and machinery, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the YMCA and its officers, agents, employees, volunteers, representatives, directors and all others from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or programs or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities conducted by the YMCA. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself and/or my minor family members (if applicable), including those caused by negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities or programs of the YMCA or the use of any equipment or machinery at the YMCA.

Participant's Signature	Date
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YMCA Employees:
HomeCenter: _____ Dept: _____ Supervisor: _____

For Official Use Only: Class Name in Unity: CPR
 Program dates: **See checked date above. All sessions start and end on the same day.**
 Please leave this registration form and a copy of the receipt in Aquatics Director's folder