



First Aid Course Registration Form



**CANADIAN
RED CROSS**
TRAINING
PARTNER

905-775-8024 Fax: 905-775-4242
simplefirstaid.ca anita@simplefirstaid.ca
Office: 460 Britannia Ave, Bradford L3Z 1A7

Name: _____
Last First

Address: _____
Street Name & Number

_____ City Province Postal Code

Phone: _____
Home Cell / Business

Birthdate: _____ email: _____

Existing Medical Conditions: _____

Emergency Contact: _____
Name Phone Relationship

What is the reason you are taking this course? _____

Course Date: _____

- Standard First Aid/CPR (\$125)
- CPR C (\$65)
- Standard First Aid/CPR Recert (\$85)
 - Add BLS/HCP to any above course (\$20)
 - Add Airway Mgmt to above (\$20)
 - Add O2 Amin to above (\$20)
- Emergency First Aid/CPR (\$85)
- Babysitting/Stay Safe (\$50)
- Wilderness & Remote First Aid/CPR (\$250)
- Advanced Wilderness (\$450)
- Marine First Aid/CPR (\$150)
- First Responder (\$550)
- Emergency Medical Responder (\$950)
- First Aid Instructor (\$650)
- CPR Instructor (\$500)
- Purchase new manual for recert course (\$10)

Course \$	_____
Add BLS/HCP \$	_____
New Manual \$	_____
Discount \$	_____
13% Tax \$	_____
TOTAL \$	_____

Payment Received: eTransfer Cheque Mastercard Visa Staff Intl _____

Credit Card # _____

Expiry on card _____ Name on card _____

Refund and Cancellation Policy:
 Refunds may be requested up to 2 days prior to the original course date. A \$20 cancellation fee will apply. Transfer requests may be made up to 2 business days prior to the original course. A \$10 administration fee will apply to a transfer request, (maximum 2 transfer requests). No refunds or transfers if candidates do not show up for the course.
 100% participation is required for successful completion of the course. You will also be required to perform all of the required skills to receive your certification card, this includes getting down on the floor on your knees. If you have any further questions and/or concerns, please speak to the instructor prior to participation.

I have read the Refund & Cancellation Policy

Signature: _____ Date: _____