

American Red Cross

Lifeguard/CPR/Recertification Registration Form March 29 – April 2, 2010

Name: (Please Print) _____
Last First

Address: (*include zip code*)

Phone Cell: _____

Phone Home: _____

EMAIL ADDRESS: _____

Age: _____ DOB: _____

T-Shirt Size: _____

Emergency Contact

Name: _____

Phone: _____

Please list any health conditions:

Check all that apply:

- Lifeguard Course (includes CPR for the Prof Rescuer, AED)
- JUST CPR Course (includes infant, child and Adult and AED)
- Lifeguard Recertification
- CPR Recertification

Payment method:
Check (include amt and check #) _____ Cash amt. _____
Charge to account and number: _____