

# American Red Cross Courses

Employee Name: \_\_\_\_\_

Phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

991: \_\_\_\_\_

**Class Type:**

\_\_\_\_ **First Aid/CPR/AED (Adult & Pediatric)**  
\$38 SRC Employee

**Please Circle Desired Course Date(s):**1/30/24: 5:30pm – 8:30pm **\*must register by 1/26/24\***2/15/24: 5:30pm – 8:30pm **\*must register by 2/9/24\***3/21/24: 5:30pm – 8:30pm **\*must register by 3/15/24\***4/18/24: 5:30pm – 8:30pm **\*must register by 4/12/24\*****Medical Consent**

"As a guest of the Student Recreation Center, I hereby agree to use the facilities in accordance with the rules and regulations of the Department of Recreational Sports. I also agree to use the equipment in a responsible manner and to hold harmless from liability Indiana State University, as well as its trustees, agents, employees, and for any injury incurred while using any ISU Recreational Sports Facilities and/or Programs."

\_\_\_\_\_  
Participants' Name (Print)\_\_\_\_\_  
Parent/Guardian of Participant (Printed)\_\_\_\_\_  
Participant's Signature and Date\_\_\_\_\_  
Parent/Guardian's Signature and Date**Campus Recreation Student Employee Consent Section**

"I am aware and consent that I will attend the specified class above for the discounted fee. Failure to do so will result in paying the remaining of the full course fee (\$48 for the CPR Full Course, \$28 for the CPR Re-certification Course, and \$28 for the Standard First Aid Course) to attend the next available class."

\_\_\_\_\_  
Student Employee's Name (Print)\_\_\_\_\_  
Date\_\_\_\_\_  
Student Employee's Signature\_\_\_\_\_  
Position (Ex. Lifeguard)**Office Use Only**

Payment Method (Circle):      Cash      Check      Credit Card: (Visa/MasterCard)

Total Fee: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Registration Taken By: \_\_\_\_\_