



AMERICAN RED CROSS CERTIFICATION CLASS REGISTRATION FORM

Participant Name: _____ Participant DOB: _____

Email Address: _____
 (make sure it is an email address you check, login for online portion and certificate of completion will be sent here.)

Phone Number: _____

**Age requirement, you must be the age listed by the last day of class.

Class	Date(s)	Class Fee Member/Non- Member
CPR/AED & First Aid (11 and older)		\$100.00/\$115.00
Babysitter Training with Pediatric CPR (11-15 years old)		\$165.00/\$180.00
Lifeguard Training (15 and older)		\$200.00/\$245.00
Lifeguard Recertification Training – (current and about to expire or expired within 30 days of the first day of class)		\$125.00/\$155.00
Water Safety Instructor (16 and older)		\$200.00/\$260.00

Minimum deposit required at registration:

- CPR/AED & First Aid: \$35.00
- Babysitter Training: \$40.00
- Lifeguard Class: \$75.00
- Lifeguard Recertification Class \$35.00
- Water Safety Instructor Class: \$60.00

Turn over for more information →

Only applies to classes marked with *Participant Materials given out _____ (Staff Initial)

Refund Policy: A refund minus the deposit fee will be given if canceled by the close of business the day before the registration deadline, after that time no refund will be given. _____ (initial)

Moving Registration Dates Policy: Any changes to your registration will be a \$15.00 fee charged at the time of the change to the card on file. _____ (initial) IF VERDURE HAS TO CANCEL THE CLASS DUE TO LOW ENROLLEMENT YOU WILL BE MOVED TO THE NEXT AVAILIABLE CLASS.

I assume any and all risks related to the use of the facilities and /or programs. I agree to hold this facility, its shareholders, directors, officers, employees, representatives, and agents harmless from any and all loss, claim, injury, damager, or liability sustained or incurred.

Participant Signature

Date

Parent/Guardian Signature (under 18)

Date

Please complete payment authorization:

I authorize VERDURE to charge my credit card for Red Cross Certification Classes. If only paying the deposit at registration you will have a total of 2 charges on your card for the deposit and final balance.

Total Owed: _____

Deposit: _____

Balance: _____ (the card below will be charged for the remaining balance on first day of class, unless notified ahead of time.)

Card Type: VISA MC AMEX DISCOVER

Credit Card Number: _____ Exp. Date: _____ Sec. Code: _____

Name on Card: _____

Billing Address: _____ Billing Zip code: _____

Cardholder signature

Date

Completed forms can be turned into the Front Desk or emailed to ktrue@verdurefitness.com