



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

COMMUNITY CPR/AED FIRST AID CLASSES

Learn To Save A Life
ROCKLAND COUNTY YMCA

WHEN:

April 13th, 2019
May 11th, 2019
June 8th, 2019

TIME:

11:00am-5:30pm

COST:

Members- \$90
Non-Members-\$110

CONTACT:

Jessica Keavney— Aquatics Director
P: (845) 643-3052 E: JKeavney@rocklandymca.org

Brett Ilie— Assistant Aquatics Director
P: (845) 643-3057 E: Bilie@rocklandymca.org

LOCATION: ROCKLAND COUNTY YMCA
35 S. Broadway
Nyack, NY 10960



Rockland County YMCA Aquatics



RC_YMCA_Aquatics



Rocklandymca.org

IMPORTANT INFORMATION:

Please show up to class on time and be prepared. There is a 30 minute break to eat. You can bring food or grab food locally. Must be age 15+.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

COMMUNITY CPR/AED & FIRST AID REGISTRATION

Date of Request: _____

Are you a YMCA member? _____

Student Information:

Name: _____

Date of Birth: _____

Email: _____

Address: _____

Registration Selection:

Date of Class:

____ April 13th, 2019

____ May 11th, 2019

____ June 8th, 2019

PERMISSIONS:

___ Yes, in the event I, or my emergency contacts, am not able to communicate or cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the YMCA to properly treat the participant. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

___ Yes, the named participant is physically sound, having medical approval to participate in the activities of the YMCA. This information is correct as far as I know, and the person here in described has permission to engage in all prescribed program activities except as noted.

___ Yes, In consideration of the named participant's participation in the activities of the Rockland County YMCA, I hereby agree to hold free from any and all liability the YMCA and its respective officers, employees and members. I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with the named participant's participation in any of the activities of the YMCA.

___ I understand that there are no refunds for not passing the course.

I have read and will abide by the above stated policies and my signature confirms my acceptance.

Participant Signature or Parent/Guardian if under 18: _____

Payment: Members- \$90 Non-Members- \$110

Check: _____ Cash: _____ Credit Card: MasterCard Visa American Express Discover

Confirmation Information- YMCA Staff MUST fill this in

YMCA Staff Initials: _____ Receipt given? _____