



**CPR/AED for the Professional Rescuer
& First Aid Class Schedule
Winter-Spring 2023**

CPR/AED for the Professional Rescuer and First Aid

The American Red Cross CPR/AED for the Professional Rescuer and First Aid program helps to train professional-level rescuers recognize and respond appropriately to cardiac, breathing, and first aid emergencies in adults, children and infants. The courses in this program teach the knowledge and skills needed to give immediate care to an injured or ill person and to decide whether advanced medical care is needed. This class is geared towards those working in the recreation / fitness industry, health professionals, technicians, lifeguards, daycare employees, camp counselors, babysitters, parents, and anyone responsible for the care of someone else. Attendance at all class sessions is required.

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| CPR/AED for the Professional Rescuer and First Aid Training Course (Materials included) | \$135.00 |
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REGISTRATION INFORMATION:

Fill out the attached registration form. You can register **in person** at any City of Rockville Recreation and Parks Facility, **on-line** at www.rockvillemd.gov/registration, **by fax** (240-314-8659), or **by mail** (355 Martins Lane Rockville MD 20850). Payment is due at the time of registration. If you have any questions, please call the Rockville Swim and Fitness Center at 240-314-8750 or email: swimcenter@rockvillemd.gov. Make checks payable to: "The City of Rockville".

**CPR/AED for the Professional Rescuer
and First Aid Course # 24353**

| Day | Date | Time |
|--|---------|---------------|
| Online learning component required to be completed before 2/11. Online link to be distributed to students via email. | | |
| Saturday | 2/11/23 | 1:00pm-6:00pm |

**CPR/AED for the Professional Rescuer
and First Aid Course # 27011**

| Day | Date | Time |
|--|---------|---------------|
| Online learning component required to be completed before 4/23. Online link to be distributed to students via email. | | |
| Sunday | 4/23/23 | 1:00pm-6:00pm |

**CPR/AED for the Professional Rescuer
and First Aid Course # 27012**

| Day | Date | Time |
|--|---------|---------------|
| Online learning component required to be completed before 5/14. Online link to be distributed to students via email. | | |
| Sunday | 5/14/23 | 1:00pm-6:00pm |

Required online components (must be completed prior to in-person session):

CPR/AED for the Professional Rescuer: <https://www.redcrosslearning.com/course/d7aeac00-2619-11e7-ba95-3b1151af8d64>

AND

First Aid: <https://www.redcrosslearning.com/course/8c2461c0-4989-11ec-b4d4-c7b0c7d07751>



Registration Form | Formulario de inscripción

*Required Info | Info Requerida

Check here if this is a new address, phone number or email address.
Please print. This form may be copied.

Marque aquí si esta es una dirección nueva, teléfono o dirección de correo electrónico. Por favor imprima. Esta formulario puede ser reproducido.

Contact Information | Información del contacto

| | | | |
|--------------------------------|----------------------|--|--------------------------------------|
| Last Name Apellido* | First Name Nombre* | Birthday Fecha de nacimiento (mm/dd/yy)* | Email* |
| Address Dirección* | | City Ciudad* | State Estado* Zip Código postal* |
| Home Phone Teléfono de Casa* | | Work Phone Teléfono de Trabajo | Cell Phone Celular |

Emergency Contact | Contacto de Emergencia

For participants under 18 | Participante menor de edad

| | | |
|----------------|--------------------------|-------------------|
| Name Nombre* | Relationship Relación* | Phone Teléfono* |
|----------------|--------------------------|-------------------|

| Participant's Name (Last, First) Apellido y Nombre del Participante | Birthday (mm/dd/yy) Fecha de Nacimiento (mm/dd/yy) | Sex Sexo | Activity Name Nombre de la Actividad | Activity Number Número | School Attending Escuela a la que asiste | Grade Grado | Fees Costo* |
|--|---|-------------|---|---------------------------|---|----------------|----------------|
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| Rec Fund Fondo de rec.: \$ _____ | Sr. Ctr. Mem Centro de Ancianos: \$ _____ | Multi-Course Discount Descuento por asistencia a varios cursos: \$ _____ | \$10 _____ \$25 _____ |
| \$50 _____ Other \$ _____ Contribution to Recreation Fund Youth Scholarship Contribución adicional al Fondo de recreación: \$ _____ | | | |
| Processed by: _____ | Date Processed: _____ | Total Paid: \$ _____ | Total Amount Due: _____ Cantidad Total: _____ |

Program Modifications: Participants with disabilities should contact our office prior to activity.

Payment | Pago

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|--|--|-------------------------------------|---------------------------------------|
| Name on Card Nombre en la tarjeta | Credit Card Number Número en la Tarjeta de Crédito | Security Code Código de Seguridad | Expiration Date Fecha de Expiración |
| Payer Address (If different than above) Dirección del Pagador (si es diferente que la de arriba) | | | |
| <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ | | City Ciudad | State Estado Zip Código Postal |
| Cardholder Signature Firma del Dueño de la Tarjeta | | | |

Release, Waiver, Assumption of Risk and Consent | Descargo y exención de responsabilidad, asunción de riesgos y consentimiento

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program. By providing your email address you are agreeing to sign up for the Rockville & Recreation and Parks mailing list to receive email updates about our programs. All information collected will be used in accordance with the City of Rockville privacy policy. You may withdraw your consent at any time. By my participation in a City of Rockville, Department of Recreation and Parks program and/or entering a facility, I agree to follow all posted and/or published rules and staff member's instructions. Violation may result in removal from the program and/or suspension from the facility.

Participación en el programa puede ser una actividad peligrosa. Participante no debe participar en el programa a menos que el participante está en buena forma física y es médicamente capaz. Participantes (o padre o tutor en nombre de un participante menor de edad) asume todos los riesgos asociados con la participación en este programa, incluyendo pero no limitado a, los generalmente asociados con este tipo de programa, los riesgos de viajar en las vías públicas, de accidentes, de enfermedad y de las fuerzas de la naturaleza. Teniendo en cuenta el derecho de la participación en el programa y en consideración del acuerdo por el participante por el Alcalde y Consejo de Rockville a través de su Departamento de recreación y parques para comida, viajes y recreación, el participante, sus herederos y ejecutores, o un padre o tutor en nombre de un hijo menor de edad pudiera derivarse de o como resultado de la participación en el programa. El participante (o el padre o tutor en nombre de un participante menor de edad) concede el permiso de un médico o un técnico médico de emergencia administrar tratamiento de urgencia de la participante y consiente al uso de la ciudad de fotografías o videos del programa que incluyen al participante. Ni el instructor ni ninguno de el personal es responsable de los participantes antes o después del programa. Al participar en un programa de la Ciudad de Rockville, el Departamento de Recreación y Parques y / o ingresar a un centro, acepto seguir todas las normas publicadas y / o publicadas y las instrucciones del miembro del personal. La violación puede resultar en la eliminación del programa y / o la suspensión de la instalación.

* Signature of Participant/Guardian | Firma del participante/tutor _____