

# Health & Safety Class Registration Form

**NOTE: Health & Safety has a No Refund Policy. You may reschedule one time to another class.**

**Please print this form and mail it with payment to:**

**American Red Cross  
Bluegrass Area Chapter  
1450 Newtown Pike  
Lexington, Kentucky 40511**

<b>TODAY'S DATE</b>	
---------------------	--

<b>Student Name</b>	
<b>Company</b>	
<b>Street Address</b>	
<b>City, State, Zip</b>	
<b>Phone Number</b>	
<b>Alternate Phone</b>	
<b>email Address</b>	

<b>PLEASE CHECK <input checked="" type="checkbox"/> COMPONENT YOU WISH TO REGISTER</b>	
<b>Adult CPR</b>	
<b>Child CPR</b>	
<b>Infant</b>	
<b>First Aid</b>	
<b>CPR/PR with AED</b>	
<b>AED</b>	

<b>Other (Please Specify)</b>	
-------------------------------	--

<b>Class Enrolled In</b>	
<b>Date of Class</b>	
<b>Time of Class</b>	

**FOR CHILDREN UNDER 15 YEARS OLD**

My Child/ward has permission to participate in the Babysitter's Training or Basic Aid Training (B.A.T.) course marked on this form.

<b>Signature of Parent or Guardian</b>	
<b>Phone number where you can be reached during the activity</b>	

**If you are part of a troop or group, please complete the following:**

<b>Troop/Group Leader's Name</b>	
<b>Group Name or Troop Number</b>	
<b>Daytime Phone</b>	