

High School First Aid Team Training Program Application

NOTE: (This form is in effect for all courses starting in 2012)

Last Name: _____ First Name: _____

Date of Birth (DD/MM/YY): _____ Age: _____ Gender: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

School: _____ Grade: _____ Teacher: _____

Qualifications held:

- Emergency First Aid Standard First Aid Occupational First Aid
 C.P.R. Certificate First Responder Amateur Radio License
 Bronze Medallion / Cross National Lifeguard Qualification

Course(s) Applied for:

- Standard First Aid with CPR "C" \$ 120.00
 Emergency First Aid \$ 95.00
 First Responder with CPR "HCP" \$ 350.00
 Emergency Medical Responder \$ 350.00

Optional Courses that interest you:

- Standard First Aid Recertification \$ 95.00
 First Responder Recertification \$ 150.00
 C.P.R. "C" with AED Recert \$ 35.00
 CPR "HCP" Recert \$ 50.00

Course Date(s): _____

Comments: _____

Participant's Signature: _____ Date: _____

Parent's Signature: _____ Teacher's Signature: _____

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Please return completed form and payment to:

Emergency Services Institute of Canada Society
7591 Anvil Crescent
Richmond, B.C. V7C 4E7