RESCUE READY EDUCATION
Simple and Effective

First Aid / Professional Responder Registration Form

Course Type:

- ☐ CPR C
- ☐ Emergency First Aid
- ☐ Standard First Aid (OFA 1)
- ☐ First Responder
- ☐ FR Bridge To EMR
- ☐ Emergency Medical Responder
- ☐ First Responder Refresher

Course Date: _____

Payment Method:

- ☐ E-transfer
- ☐ Wire Transfer
- ☐ Cheque

Participant Information:

Name (First/Last): _____

Address (Mailing): _____

Phone Number: _____

Email Address: _____

- ☐ Attach a Copy of current First Aid Certificate if Recertifying.
- ☐ I Understand I must pay a 50% deposit within 14 days of the course start date to reserve a spot.
- ☐ I Understand my deposit is nonrefundable if I cancel less than 7 days prior to the course start date.
- ☐ I agree to dress and be hygienic according to Rescue Ready Educations policy found on their website while attending a course(s).

Participant Signature: _____

Email: rescuereadyeducation@hotmail.com
Phone: 778-220-6542