



**Northampton Aquatic & Family Center**  
 at JFK Middle School, 100 Bridge Road, Florence, MA 01062

## American Red Cross CPR-AED-First Aid Blended Learning Class



**Spring 2020**



American Red Cross Cardio Pulmonary Resuscitation (CPR), Automatic External Defibrillation (AED), and First Aid (FA) for Adults, Children, and Infants teaches you the skills to help during an emergency situation. The course is a blended learning program, where you learn most of the materials on line at your own pace, from 2-4 hours depending on program. The Face-to-Face portion is a one(1) class skills session where you practice and show proficiency in your skills.

Upon successful completion of this course you will receive an American Red Cross certificate which is valid for 2 years.

Space is limited. Upon registering you will receive the link for the online portion.

**YOU MUST REGISTER BY MAY 11**  
 (To allow time for the online portion)

**Location:** Northampton High School - Room G11

**Dates:** Adult Only CPR/AED/First Aid Skill Session

**Wednesday, May 13: 6:00 - 7:30 pm**

**Fee:** \$60 / \$70 / \$80 (includes Breathing Barrier)

*Fees listed in the order of AFC Member / Resident / Non-Resident*

**Pediatric Only CPR/AED/First Aid Skill Session**

**Wednesday, May 13: 7:00 - 8:30 pm**

**Fee:** \$60 / \$70 / \$80 (includes Breathing Barrier)

*Fees listed in the order of AFC Member / Resident / Non-Resident*

**Adult & Pediatric CPR/AED/First Aid Skill Session**

**Wednesday, May 13: 6:00 - 8:30 pm**

**Fee:** \$70 / \$80 / \$90 (includes Breathing Barrier)

*Fees listed in the order of AFC Member / Resident / Non-Resident*

**Professional Rescuer (CPRO) CPR/AED Skill Session**

**(For Police, Fire Fighters, EMTs, Lifeguards, Ski Patrollers and other Emergency Personnel)**

**YOU MUST REGISTER BY MAY 18**

(To allow time for the online portion)

**Wednesday, May 20: 5:30 - 9:30 pm**

**Fee:** \$90 / \$100 / \$110 (includes Adult & Infant Pocket Masks)

*Fees listed in the order of AFC Member / Resident / Non-Resident*

Completed registrations accepted at the AFC at JFK Middle School 100 Bridge Road, Florence, MA 01062

Mon-Fri 4-8pm, Sat 10am-4pm and Sun 11-4:00pm (587-1046) or

at the Northampton Parks and Recreation Department 100 A Bridge Road, Florence, MA 01062

Mon-Fri 8:30am-4:30pm 587-1040

Need More Information? email [jmiller@northamptonma.gov](mailto:jmiller@northamptonma.gov)

**OVER FOR REGISTRATION FORM**

# NORTHAMPTON PARKS & RECREATION DEPARTMENT - REGISTRATION FORM

**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE PRINT LEGIBLY**

New to Northampton Parks & Recreation       I have updated my Information

**ADULT 1**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_  
 Cell (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

**ADULT 2**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_  
 Cell (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

**EMERGENCY CONTACT OTHER THAN PARENT**

Name \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_

**Photo Release:** May Northampton Parks & Recreation Department use photos of you or your family members for brochure, website, promotional use?  
 Yes       No

**PARTICIPANT'S FULL NAME:** \_\_\_\_\_ Gender \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Current Grade as of Fall \_\_\_\_\_

Program Name	Session	Day(s)	Level	Start Date	Basic Fee	Non-Res Fee (where applicable)	Total Fee
					\$	\$	\$
					\$	\$	\$

**TOTAL FEE FOR PARTICIPANT**      \$ \_\_\_\_\_

**PASS PURCHASE**

Pass	Pass Type	Pass Length	Fee	Special Considerations/Comments (Use back if necessary)																				
Aquatic Center	Res: Adult    Family    Senior    Youth	6 Month    12 Month	\$	_____																				
	Non-Res Adult    Family    Senior    Youth																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Pass Holder's Name(s)</th> <th style="width: 10%;">Gender</th> <th style="width: 10%;">DOB</th> <th style="width: 10%;">Pass/Tag# Issued</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>				Pass Holder's Name(s)	Gender	DOB	Pass/Tag# Issued	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<b>TOTAL AMOUNT DUE</b>				\$ _____																				

**Recreational and Volunteers Activities Release Form**

I, the undersigned, do hereby consent to my participation in voluntary or recreation programs of the City of Northampton. I also agree to forever release the City of Northampton, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the City of Northampton from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the City of Northampton voluntary activities or programs. I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the City of Northampton voluntary activities or recreation programs. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this form, I affirm that I have decided to participate in the City as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in voluntary activities with the City of Northampton or recreation programs.

Participant Signature or Parent/Legal Guardian if under 18 years old: \_\_\_\_\_ Date: \_\_\_\_\_

**Charge my** VISA \_\_\_ Master Card \_\_\_ Discover \_\_\_ Card # \_\_\_\_\_ Expiration \_\_\_\_\_  
 Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Office Use Only:** Amt Rec'd \$ \_\_\_\_\_ Cash \_\_\_ Check # \_\_\_\_\_ Credit \_\_\_ Date \_\_\_\_\_ RT Date \_\_\_\_\_ Staff \_\_\_\_\_