

CPR/BLS Course Registration

Name: _____

Date: _____ Date of desired course: _____

Address: _____

Email: _____

Phone: _____

Emergency Contact: _____

Which BLS skills are you interested in? Circle: Adult, Child, Infant, AED, Other

Purpose of training: _____

Are you a healthcare provider? _____

Where? _____

Is this your first certification? _____ Renewal? _____

Have you completed any portion of your training online? _____

Did you receive a certificate? (If so, you MUST bring to class)_____

Do you have any special needs or disabilities we would need to accommodate during your training?

--It is highly recommended that students complete registration at least 3 business days prior to class attendance— confirmation of registration will be available.

Donation method (indicate one) --Minimum \$100 recommended--

_____ Online: Paypal on website - www.totalsunshine.org

_____ Paper check - mail to office: 2524 Pennsylvania Avenue SE, Wash., DC 20020

_____ Cash - receipt will be given on-site (pre-registration is required)

Registration for AHA CPR with TSI indicates that you've been notified that your provider card will be available/mailed within 5 business days of course completion.

--For course textbooks or study materials, please contact us.

--Please wear loose/comfortable clothing/shoes for your training, as you will be performing practical skills that require movement.

--As a provider of AHA BLS Courses, TSI does not endorse any specific brand of resuscitative equipment for use/purchase to perform BLS.

Signature: _____ Date: _____

In signing this registration form, I acknowledge receipt of the information provided within, agree to comply with class dress code, and agree to hold TSI blameless should I suffer injury while attending course or performing BLS skills. I also agree it is my responsibility to confirm class start time, and arrive promptly.

Please return/email signed course registration to TSI at info@totalsunshine.org