

## American Red Cross Courses

Participant's Name: \_\_\_\_\_

Phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

991: \_\_\_\_\_

### Please Select Desired Class and Corresponding Date:

#### \_\_\_ **Basic Life Support Full Course**

\$45

Total Number of Participants: \_\_\_\_\_ Total Cost: \_\_\_\_\_

1/21/2025: 6:00pm – 9:00pm **\*must register by 1/17/25\***

#### \_\_\_ **First Aid/CPR/AED (Adult & Pediatric)**

\$52/ISU Student; \$57/non-ISU Student; \$40/SRC Employee

Total Number of Participants: \_\_\_\_\_ Total Cost: \_\_\_\_\_

1/28/25: 6:00pm – 9:00pm **\*must register by 1/24/25\***

2/4/25: 6:00pm – 9:00pm **\*must register by 1/31/25\***

2/13/25: 6:00pm – 9:00pm **\*must register by 2/7/25\***

3/18/25: 6:00pm – 9:00pm **\*must register by 3/14/25\***

3/20/25: 6:00pm – 9:00pm **\*must register by 3/14/25\***

4/17/25: 6:00pm – 9:00pm **\*must register by 4/11/25\***

### **Medical Consent**

"As a guest of the Student Recreation Center, I hereby agree to use the facilities in accordance with the rules and regulations of the Department of Recreational Sports. I also agree to use the equipment in a responsible manner and to hold harmless from liability Indiana State University, as well as its trustees, agents, employees, and for any injury incurred while using any ISU Recreational Sports Facilities and/or Programs."

\_\_\_\_\_  
Participants' Name (Print)

\_\_\_\_\_  
Parent/Guardian of Participant (Printed)

\_\_\_\_\_  
Participant's Signature and Date

\_\_\_\_\_  
Parent/Guardian's Signature and Date

### **Campus Recreation Student Employee Consent Section**

"I am aware and consent that I will attend the specified class above for the discounted fee. Failure to do so will result in paying the remaining of the full course fee to attend the next available class."

\_\_\_\_\_  
Student Employee's Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Employee's Signature

\_\_\_\_\_  
Position (Ex. Lifeguard)

<b>Office Use Only</b>			
Payment Method (Circle):	Cash	Check	Credit Card
Total Fee: _____	Invoice Number: _____		
Registration Taken By: _____			

**Course Descriptions:** \*All courses are Blended Learning, requiring the study portion to be completed online before attending the class. Website links will be emailed prior to the class.

### **Basic Life Support – Full Course**

- This course provides participants with the knowledge and skills they need to assess, recognize and care for patients who are experiencing respiratory arrest, cardiac arrest, airway obstruction or opioid overdose. When a patient experiences a life-threatening emergency, healthcare providers need to act swiftly and promptly. The course emphasizes providing high-quality care and integrating psychomotor skills with critical thinking and problem solving to achieve the best possible patient outcomes.

### **First Aid/CPR/AED (Adult and Pediatric)**

- This course incorporates the latest science and teaches students to recognize and care for a variety of first aid emergencies such as burns, cuts, scrapes, sudden illnesses, head, neck, back injuries, heat and cold emergencies and how to respond to breathing and cardiac emergencies to help victims of any age - adults (about 12 years and older) and pediatric (infants and children up to 12 years of age). Students who successfully complete this course will receive a certificate for Adult and Pediatric First Aid/CPR/AED valid for two years.

\*\*Any pictures taken during the course/s are property of Indiana State University Campus Recreation\*\*

Updated 11/12/24