



CPR + AED + First Aid + Lifeguard Training + Water Safety
www.StreamlineHealth.com (949) 713 - 7711

COURSE NAME:

American Red Cross **ADULT CPR** (valid 1 year)

COURSE LOCATION & DRIVING DIRECTIONS:

Los Caballeros Racquet and Sports Club

17272 Newhope Street, Fountain Valley, CA 92708 Contact: (714) 546 - 8560 - **Meet in the Theater**

405 Freeway, exit NORTH on Harbor, LEFT on Warner, LEFT on Newhope, LEFT on Postoffice into Los Caballeros

Park in the large parking lot, right past the parking garage. **Please allow 15 extra minutes for parking and facility check-in.**

COURSE DAYS & TIMES: Class Dates Attached on Page 2

Choose ONE CLASS OPTION Below

Option #1 - TUESDAY CLASS: 10:30am to 1:00pm

OR

Option #2 - THURSDAY CLASS: 5:30pm to 8:00pm

OR

Option #3 - SATURDAY CLASS: 11:30am to 2:00pm

COURSE REGISTRATION:

Option #1 Mail-in Registration

Step 1 - Complete the COURSE PARTICIPANT WAIVER (*page 3*)

Step 2 - Mail COURSE PARTICIPANT WAIVER with COURSE FEE to: **Streamline Health Services, PO BOX 5366, Newport Beach, CA 92662**

Option #2 Online Registration

Step 1 - Complete the COURSE PARTICIPANT WAIVER (*page 3*)

Step 2 - FAX COURSE PARTICIPANT WAIVER to (949) 209 - 1839

Step 3 - Pay COURSE FEE Online at **www.StreamlineHealth.com**

COURSE FEE:

\$45.00 - Recertification

\$60.00 - Recertification, CPR Mask

\$70.00 - Recertification, CPR Mask, T-shirt

\$55.00 - New Certification

\$70.00 - New Certification, CPR Mask

\$80.00 - New Certification, CPR Mask, T-shirt

CPR Mask is Optional for the Lay Responder. Participants may purchase a CPR mask from Streamline Health Services for \$15.00. A Streamline Health Services' T-Shirt may be purchased for \$10.00. Participants will receive textbooks, CPR Mask and T-Shirt (*if purchased*) on the day of class.

Course Fee Payable: Streamline Health Services

Course fee payment options: cash, check, money order or online with a credit card.

Streamline Health Services must receive the completed COURSE PARTICIPANT WAIVER (*page 3*) and COURSE FEE, in order to guarantee a spot in any class. Registered Participants will receive class confirmation, by telephone, once COURSE PARTICIPANT WAIVER and COURSE FEE have been received.

WHAT TO BRING TO CLASS:

Please bring a Self-Addressed, Stamped Envelope for certification cards, which will be mailed within 7 business days of the class date.

Requirements for Successful Completion: Participants must attend all scheduled class times, demonstrate proficient skills, and pass the written exam with a score of at least 80 percent.

REFUND POLICY:

There will be **NO REFUNDS** once the course fee has been submitted. **This Includes:** participants who do not successfully complete this course or course prerequisites, participants who do not attend all scheduled class times, participants who do not pass course skills with proficiency (*according to American Red Cross*), or participants who do not pass the written exam with a score of at least 80 percent.

Class Transfer Fee is \$25.00. Participants must notify Streamline Health Services of a class transfer, **at least 72 hours prior to the class date** (*of the class currently registered*). Participants must receive class transfer confirmation from Amy Alexander. Streamline Health Services reserves the right to CANCEL any class, due to low enrollment numbers. In the event of class cancellation, registered and paid participants will be notified, by telephone, 48 hours prior to the class date.



STREAMLINE HEALTH SERVICES

www.StreamlineHealth.com

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JANUARY 2010

Thursday January 7
Saturday January 9
Tuesday January 12
Thursday January 14
Thursday January 28
Saturday January 30

FEBRUARY 2010

Thursday February 4
Tuesday February 9
Saturday February 13
Thursday February 25
Saturday February 27

MARCH 2010

Thursday March 4
Tuesday March 9
Saturday March 13
Thursday March 18
Tuesday March 23

APRIL 2010

Thursday April 8
Tuesday April 13
Saturday April 17
Thursday April 22
Tuesday April 27
Thursday April 29

MAY 2010

Saturday May 8
Tuesday May 11
Thursday May 13
Saturday May 22
Tuesday May 25
Thursday May 27

JUNE 2010

Saturday June 5
Tuesday June 8
Thursday June 10
Saturday June 19
Tuesday June 22
Thursday June 24

JULY 2010

Thursday July 8
Tuesday July 13
Saturday July 17
Thursday July 22
Tuesday July 27
Saturday July 31

AUGUST 2010

Thursday August 5
Tuesday August 10
Saturday August 14
Thursday August 19
Tuesday August 24
Saturday August 28

SEPTEMBER 2010

Saturday September 11
Tuesday September 14
Thursday September 16
Saturday September 25
Tuesday September 28
Thursday September 30

OCTOBER 2010

Saturday October 2
Tuesday October 12
Thursday October 14
Thursday October 21
Saturday October 23
Tuesday October 26

NOVEMBER 2010

Thursday November 4
Tuesday November 9
Saturday November 13
Thursday November 18
Saturday November 20
Tuesday November 23

DECEMBER 2010

Thursday December 9
Saturday December 11
Tuesday December 14



COURSE PARTICIPANT WAIVER/RELEASE FORM ("AGREEMENT")

Please COMPLETE & MAIL, with COURE FEES to: Streamline Health Services, PO Box 5366, Newport Beach, CA 92662 OR FAX to: (949) 209 - 1839

Name of Participant (please print): _____ Age: _____ DOB: _____

Participant FULL Address: _____

Telephone: Home: (____) _____ Cell: (____) _____ Email Address: _____

Class Name: Adult CPR Preferred Class Date: _____ T-Shirt Size (if purchased \$10.00): _____

Medical Condition(s) / Medication(s): _____

Doctor Contact Name / Telephone: _____

IN CONSIDERATION of being permitted to participate in any way in the: Lifeguard Training course, WSI course, Lifeguard Instructor course, and/or Other Water Safety / CPR / First Aid activity: Adult CPR ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

- 1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) CLASS PARTICIPATION, ESPECIALLY ACTIVITIES INVOLVING SKILL PRACTICE AND TESTING (ESPECIALLY IN-WATER PRACTICE AND TESTING), HAVE RISKS OF INJURY INCLUDING SERIOUS BODILY INJURY OR DEATH (Risks); (b) TRAVELING TO AND FROM CLASS at the start, end, or break of class, OR TRAVELING TO SEPARATE TRAINING SITES, if two or more training sites are utilized, may involve driving, ride sharing, or otherwise traversing public streets, THEREBY INCURRING ADDITIONAL RISK OF INJURY INCLUDING SERIOUS BODILY INJURY OR DEATH (Risks); (c) these Risks may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (d) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Los Caballeros Racquet and Sports Club, Streamline Health Services, Amy Alexander, their instructors/coaches/leaders conducting the Activity as well as their agents, employees, third party contact instructors, guest speakers, or assistants; the certifying agency if course certificates are being issued; other course participants; and, if applicable, the owners and lessors of premises on which the Activity takes place (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: _____ PHONE: _____

PARTICIPANT'S SIGNATURE (age 18 or older): _____ DATE: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

EMERGENCY CONTACT PHONE NUMBERS: _____

MINOR'S RELEASE - ONLY IF PARTICIPANT IS UNDER THE AGE OF 18 YEARS

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF AFOREMENTIONED ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, AND FURTHER AGREE THAT, DESPITE THIS RELEASE, IF I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARTICIPANT: _____ PHONE: _____

PRINTED NAME OF PARENT/GUARDIAN: _____ PHONE: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____ DATE: _____

PARENT/GUARDIAN FULL ADDRESS: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

EMERGENCY CONTACT PHONE NUMBERS: _____