



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

COURSE NAME:

American Red Cross **WATER SAFETY TODAY** (no expiration), **STANDARD FIRST AID** (valid 3 years) **ADULT, CHILD, INFANT CPR** (valid 1 year), **ADULT AED** (valid 1 year)

COURSE LOCATION & DRIVING DIRECTIONS:

Los Caballeros Racquet and Sports Club - Meet in the Theater
17272 Newhope Street, Fountain Valley, CA 92708 Contact: (714) 546 - 8560
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 parking garage.
Please allow 15 extra minutes for parking and facility check-in.

COURSE REGISTRATION:

Option #1 Mail-in Registration

Step 1 - Complete the COURSE PARTICIPANT WAIVER (page 2)
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 2)
Step 2 - FAX COURSE PARTICIPANT WAIVER to (949) 209 - 1839
Step 3 - Pay COURSE FEE Online at **www.StreamlineHealth.com**

COURSE FEE:

- \$135.00 - Recertification
- \$150.00 - Recertification, CPR Mask
- \$160.00 - Recertification, CPR Mask, T-shirt
- \$145.00 - New Certification
- \$160.00 - New Certification, CPR Mask
- \$170.00 - New Certification, CPR Mask, T-shirt

A Streamline Health Services' T-Shirt may be purchased for \$10.00. Participants will receive textbooks 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 2) 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. No in-water skills.

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.

COURSE DAYS & TIMES:

Choose ONE CLASS OPTION Below

Option #1 - TUESDAY CLASS: 9:00am - 3:00pm

OR

Option #2 - SATURDAY CLASS: 10:00am - 4:00pm

2009 CLASS DATES

Choose ONE CLASS DATE Below

2009 Classes

- Class #01: Tuesday, October 20
- Class #02: Saturday, October 24
- Class #03: Tuesday, November 3
- Class #04: Saturday, November 14
- Class #05: Tuesday, December 8

2010 CLASS DATES

Choose ONE CLASS DATE Below

2010 Classes

- Class #01: Saturday, January 9
- Class #02: Tuesday, January 12
- Class #03: Saturday, January 30
- Class #04: Tuesday, February 9
- Class #05: Saturday, February 13
- Class #06: Tuesday, March 9
- Class #07: Saturday, March 13
- Class #08: Tuesday, March 23
- Class #09: Tuesday, April 13
- Class #10: Saturday, April 17
- Class #11: Tuesday, April 27
- Class #12: Saturday, May 8
- Class #13: Tuesday, May 11
- Class #14: Saturday, May 22
- Class #15: Tuesday, May 25
- Class #16: Saturday, June 5
- Class #17: Tuesday, June 8
- Class #18: Saturday, June 19
- Class #19: Tuesday, June 22
- Class #20: Tuesday, July 13
- Class #21: Saturday, July 17
- Class #22: Tuesday, July 27
- Class #23: Saturday, July 31
- Class #24: Tuesday, August 10
- Class #25: Saturday, August 14
- Class #26: Tuesday, August 24
- Class #27: Saturday, August 28
- Class #28: Tuesday, September 14
- Class #29: Saturday, September 25
- Class #30: Tuesday, September 28
- Class #31: Saturday, October 2
- Class #32: Tuesday, October 12
- Class #33: Saturday, October 23
- Class #34: Saturday, November 13
- Class #35: Saturday, November 20
- Class #36: Tuesday, November 23
- Class #37: Saturday, December 11
- Class #38: 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: Water Safety Today, First Aid, ACI CPR, AED 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: Water Safety Today, First Aid, ACI CPR AED , First Aid, ACI CPR, AED("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: _____