

Rescue MED

Preparing you to be your Best



Registration Form

COURSE: _____ DATE: _____

LOCATION: _____

Course Participant:

Name: _____

Ph. Number: _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____

Birthdate: _____ E-mail Address: _____

In Case of Emergency:

Name: _____

Ph. Number (s): _____

Relationship to Subject: _____

If the participant is under the age of 19 a Guardian must sign for the participant:

I _____ HERBY GIVE PERMISSION TO MY UNDER AGE CHARGE TO PARTICIPATE IN THE AFOREMENTIONED COURSE.

DATE: _____ LOCATION: _____

RELATIONSHIP TO UNDERAGE CHARGE: _____