First Aid and CPR
Registration Form

Canadian Red Cross
Authorized Provider

Part A: Registrant Information (please print)	
First Name:	
Last Name:	
Address:	
City:	
Province:	
Postal Code:	
Phone (evening):	Phone (day):
Gender: ☐ Male ☐ Female	University of Regina Employee: ☐ Yes ☐ No
Birthdate (mm/dd/yy):	University of Regina Student: ☐ Yes ☐ No
Health Card #:	If yes, University ID Number:

Part B: Select Course Type

☐ **Colleague Recertification** ($45) - CPR C including AED Training *includes keychain barrier mask

***NOTE:** A COPY OF YOUR CERTIFICATION CARD DATED WITHIN THE PAST 3 YEARS MUST ACCOMPANY YOUR REGISTRATION FORM.

Part C: Course Date

Month: _____ Day(s): _____ Year: _____

Part D: Method of Payment

☐ Cheque (enclosed)
☐ Debit (in person only)
☐ Cash (in person only)
☐ MasterCard (info listed below)
☐ Visa (info listed below)
☐ FOAPAL #: _____

Credit Card #: _____ Expiry Date (mm/yy): _____

Name on Credit Card: _____

Signature: _____

*Payment and completed paperwork must be received to secure your registration spot.

Register by mail, fax, or in person to:
Dr. Paul Schwann Applied Health and Research Centre
University of Regina, Regina, SK S4S 0A2
(Located in the Centre for Kinesiology, Health & Sport, Rm 225.15)
Phone: (306)585-4004 Fax: (306)585-5363