

Mission Valley YMCA & Toby Wells YMCA CPR/First Aid Registration Form

Mission Valley: 619-298-3576 • Fax: 619-298-9262 Toby Wells: 858-496-9622 • Fax: 858-496-8950

Participants Name: _____ (Please Print Clearly)

Address: _____ City: _____ Zip Code: _____

Age: _____ Birth Date: _____ Home Phone: _____

Work/Cell Phone: _____ Email Address: _____ (Please Print Clearly)

Facility (Please choose one): **Mission Valley YMCA** **Toby Wells YMCA**

| Session Dates: | Class Name: | Day/Time: | Amount Paid |
|-----------------|-------------|--------------------|-------------|
| EXAMPLE: July 6 | First Aid | Wednesday 6-9 p.m. | |
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| | | | |

Payment Method: Cash Check Enclosed Visa MC Discover American Express

Credit Card Number: _____ Expiration: _____

Name on card: _____

Signature: _____ Date: _____

- **No refunds** unless class is canceled by the YMCA. No exceptions.
- Credit/transfer requests to a future class must be made **two weeks** in advance of registered class
- All classes close 48 hours prior to class.

I have read and fully understand the CPR/First Aid Policies.

Signature: _____ Date: _____