



Parks and Recreation Department
1100 Chatham Av Norwalk, IA 50211 515.981.9206



Community CPR Class

PRE-REGISTRATION REQUIRED

(Register online @ www.ci.norwalk.ia.us, Parks and Recreation office, or by mail)

This classroom-based, video and instructor-led course is for friends, families and members of the community who want to learn CPR but do not need a course completion card. It contains information on how to perform the basic skills of CPR in adults, children and infants and how to help an adult, child or infant who is choking. Those needing a CPR completion card (certification) may contact the Fire Department at 515 -981-4316 or 515-681-9321 for class availability.

Dates

Registration Dates: Nov 15 to Nov 26

Program Dates: Saturday, Dec 4

Program Times: 9:00 am to 12:00 pm

Information

Cost: \$10.00

Location: Public Safety Bldg Training Room

Instructor: Jen Vetterick

Min/Max Couples: 6/12



TURN OVER TO FILL OUT REGISTRATION INFORMATION

Norwalk Parks and Recreation Registration Form

Individual Information:

Name:	First	MI	Last
Birth Date (if minor)	Grade:	Sex:	
Address:			
City, State, Zip:	IA		
Daytime Phone #:	Type:		
Evening Phone #:	Type:		
Cell Phone #:	Preference:		
Email Address			

Contact Information:

Contact			
Phone	Daytime	Evening	Cell

Activity Information:

Program	Community CPR	Registration Fee	\$10.00	Late Fee	
---------	---------------	------------------	---------	----------	--

Financial Assistance Donation:

This program is intended to open up participation opportunities for Norwalk area children by reducing financial obstacles for those who may not be participating because they cannot afford to pay the registration fees.

Would you like to contribute \$1.00 (or more) to this program? Yes _____ No Thank You _____

(if yes, please add your donation to the registration fee - and THANK YOU!)

Additional Comments/Medical conditions (if any):

Liability Wavier:

I give permission for my child/self to participate in this program and agree not to hold the Norwalk Parks and Recreation Department, their staff, or any volunteer helpers responsible for any accidents. I have READ and AGREE to the waiver.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

PAID _____	CK# _____	CASH _____	By: _____
Credit Card _____	Number _____	Expires _____	