



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# PERSONAL CONFIDENCE COMMUNITY SAFETY

## CPR (BLS), First Aid, and Emergency Oxygen Trainings C.B. PENNINGTON, JR. YMCA

ASHI'S Basic Life Support (formerly CPR-PRO) teaches students how to recognize a life-threatening emergency, how to provide basic life support and what to do in case of an airway obstruction or choking. ASHI's Basic First Aid and Emergency Oxygen Administration will teach students how to provide basic first aid care in a variety of situations and how to properly use emergency oxygen.

**WHEN:** 2nd Saturday of every month  
**TIME:** 9am – 1 p.m.  
**LOCATION:** C.B. PENNINGTON, JR. YMCA  
15550 Old Hammond Hwy.  
Baton Rouge, LA 70816  
225-272-9622  
[www.ymcabr.org](http://www.ymcabr.org), [skelley@ymcabr.org](mailto:skelley@ymcabr.org)



## Basic Life Support (formerly CPR-PRO), Basic First Aid, and Emergency Oxygen Administration Training

YMCA Member - \$60	Program Participant -\$90
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**Note: Participant must be a member to receive member rate.**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Home#: \_\_\_\_\_  
 E-Mail (REQUIRED): \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**No registration will be accepted without an e-mail address.**

- Prerequisites: There is an online portion of the course which needs to be completed before you come to class. You will need to bring your completion certificate with you to class. Participants must have the physical capability to do compressions. Participants will be spending a lot of time kneeling by victim for practice sessions. This class is for ages 14 & up.
- Registration ends at one week before the start of the class.
- In case of low enrollment (2 or less), classes may be canceled.

**Check a Course:**

\_\_\_\_\_ CPR, First Aid, Emergency Oxygen      \_\_\_\_\_ CPR and First Aid Only

**Check a Session:**

- |                                        |                                        |
|----------------------------------------|----------------------------------------|
| <input type="checkbox"/> January 13th  | <input type="checkbox"/> July 14th     |
| <input type="checkbox"/> February 10th | <input type="checkbox"/> August 11th   |
| <input type="checkbox"/> March 10th    | <input type="checkbox"/> September 8th |
| <input type="checkbox"/> April 14th    | <input type="checkbox"/> October 13th  |
| <input type="checkbox"/> May 12th      | <input type="checkbox"/> November 10th |
| <input type="checkbox"/> June 9th      | <input type="checkbox"/> December 8th  |

Refunds are available minus a \$10 processing fee. A written request is required for all refunds. There is a \$25 charge on all returned checks. The YMCA does not provide accidental/ medical insurance for program participants. I grant the YMCA or its agent's permission to transport my child in the event of an emergency and I am unable to be contacted. I recognize that participation in YMCA activities may expose my child to some risk of injury. I agree to hold the YMCA harmless from any claims for damage to property or injury, which may occur through participation in any activity at the YMCA or in its programs. The YMCA reserves the right to use photographs taken of program participants and their family for marketing and publicity.

I have read and understand the above information. My child has permission to participate in this YMCA program.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date