



Student Registration Form

Full Name: _____

Email: _____

Phone Number: _____

Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Course Selection (CPR, BLS, First Aid, etc): _____

Individual or group class? _____

Preferred Class Date/Time: _____

Signature: _____ **Date:** _____

Liability Waiver & Medical Release

I acknowledge that CPR training involves physical activity. I affirm that I am in good health and capable of participating. I release Hand 2 Heart CpR and its instructors from any liability for injury or illness sustained during training

Signature: _____ **Date:** _____