



**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:** \_\_\_\_\_