



Emergency Response Training LLC Registration Form

Please complete and return to:
6834 Plantation Road
Frederick, MD 21701

Student Name _____ DOB _____

Address _____ Home Phone _____

_____ Cell Phone _____

Email address _____ @ _____

Emergency Contact _____ Relationship _____

Contact Number _____

Class Registering for _____ Class Date _____

If registering for a WFA class will you be staying for CPR (+ \$25) YES NO

Class Information

Classes will be held at 6834 Plantation Road Frederick, MD 21701 unless otherwise noted. All students are responsible for being to on class on time and staying the entire length of the class. Students will be contacted by email the week prior to class with the information that they will need for the class. If you have not been contacted by the Monday prior to class, please contact us at info@onthetrailfirstaid.com so that we can provide you with the necessary information.

Cancellation and Refund Policy

The current refund policy for Emergency Response Training classes is as follows: "Includes a \$50.00 non-refundable registration fee. If the student cancels after 5 p.m. the Friday one week before the class, the student will not receive a refund, thereby forfeiting the entire class fee. This includes "no-shows" and students that do not participate in the entire class. If the instructors cancel the class, the student will receive a full refund."

When submitting your registration form, please submit the following:

- Registration form
- Check (for the entire amount) made payable to Emergency Response Training
- Liability form

If taking the Wilderness First Aid class please also include:

- Health form

I have read, understand and agree to the cancellation policy of Emergency Response Training.

Student Name (or parent/guardian if student is a minor)

Date

Signature

For Official Use Only: ____/____/____

- Full payment Registration Form (complete)
- Health Form Liability Form



Emergency Response Training LLC

Medical Information Form

Student Name: _____

DOB: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact:

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Medial Information:

Allergies: _____

Medications: _____

Past Medical History: _____

Do you wear contacts? YES NO Are you pregnant? YES NO

Do you have any medical issues that might affect your ability to fully participate in the class?

The information collected on this form is COMPLETELY confidential and will be disclosed to no other person unless needed for emergency medical treatment. It is the responsibility of each participant to know and understand their limitations and to work within them as to limit chance for illness or injury. It is also each student's responsibility to bring any medications they might need during the class. Any life saving medications (i.e. Epi-Pen, Nitro, Albuterol etc.) should be brought to the attention of the instructors so that they may be of assistance if administration of that medication is required. No medications are kept on the site of the Emergency Response Training Center, therefore please bring your own.

I give permission for the staff of Emergency Response Training to administer first aid and/or life saving care to me (or my child if the student is a minor) if needed. I also grant permission for Emergency Response Training to secure proper treatment at a definitive care facility including but limited to hospitalization, surgery, medication administration if I am unable to grant consent (or I am unable to be reached if the student is a minor).

Print Name

Date

Signature

Print name of Parent or Guardian (if student is a minor)

Date

Signature

