



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



American Red Cross CPR Classes 2023-2024

YMCA OF MIDDLETOWN

81 Highland Avenue, Middletown, NY 10940

For more details contact the Aquatics Department at (P) 845 956 1549 or (E) cdirks@middletownymca.org

Course Number	Course Name	Course Date	Schedule	YMCA Member Fee	Program Member Fee
12	CPR for the Professional Rescuer w/First Aid	November 3	12pm-3pm	\$150	\$200
14	CPR Recertification Must bring current certification.	December 6	6pm-9pm	\$125	\$175
15	CPR Recertification Must bring current certification.	January 3	6pm-9pm	\$125	\$175
13	CPR for the professional with First Aid	February 6	11am-2pm	\$150	\$200
16	CPR Recertification Must bring current certification.	April 7	9am-12pm	\$125	\$175
17	CPR Recertification Must bring current certification.	May 15	6pm-9pm	\$125	\$175
18	CPR Recertification Must bring current certification.	June 2	9am-12pm	\$125	\$175

American Red Cross Registration Form YMCA OF MIDDLETOWN

Course Name _____
Course Number _____

STUDENT'S NAME _____ D.O.B. _____ PHONE _____

STUDENT'S EMAIL **REQUIRED** (Please Print Neatly) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENT'S/LEGAL GUARDIAN'S NAME (If student is under 18): _____ PHONE _____

I understand that I will only receive 50% of the course cost if I fail to notify the YMCA of cancelation at least 15 days prior to the start date. Refunds are not available once the class begins. (Initials) _____

I understand that all pre-requisite swim tests will be given on the first in-person session of the class and I must pass them in order to participate in Lifeguarding and WSI classes. (Initials) _____

I understand that if I do not pass the pre-requisite course, no refund will be issued, but can move to another class for free. (Initials) _____

I am aware that when I enter the YMCA for in-person portions of the course, I will be required to complete and sign a participation waiver. (Initial) _____

STUDENT'S SIGNATURE _____ DATE _____

If student is under 18:
PARENT'S/LEGAL GUARDIAN'S SIGNATURE _____ DATE _____

[CLICK HERE TO REGISTER ONLINE](#)
or return this form to the Y.