



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



CPR Classes 2023-2024

SOUTH ORANGE FAMILY YMCA

45 Gilbert Street Extension, Monroe, NY 10950

For more details contact Melissa Gillespie at (P) 845 395 1016 or (E) mag@middletownymca.org

Course Number	Course Name	Course Date	Schedule	YMCA Member Fee	Program Member Fee
011	CPR for the Professional with First Aid	Nov 4	2:00pm-5:00pm	\$125	\$175
012	CPR for the Professional with First Aid	November 18	10:00am-1:00pm	\$125	\$175
013	CPR for the Professional with First Aid	Feb 24	10:00am-1:00pm	\$125	\$175
014	CPR for the Professional with First Aid	March 10	9:00am-12:00pm	\$125	\$175
015	CPR for the Professional with First Aid	April 6	10:00am-1:00pm	\$125	\$175
016	CPR for the Professional with First Aid	May 4	2:00pm-5:00pm	\$125	\$175
017	CPR for the Professional with First Aid	June 2	9:00am-12:00pm	\$125	\$175

American Red Cross Registration Form SOUTH ORANGE FAMILY YMCA

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.