



American Red Cross

Health and Safety Services

Mid-Missouri Chapter Individual Class Registration Form

REGISTRATION FORM

Participant's Name: _____ Age* _____ (*required for Babysitting and Lifeguarding only)

Address: _____ City/State: _____ Zip: _____

Message phone: _____ Email (required for confirmation): _____

Course Title: _____ Course Date/Time: _____

If taking a CHALLENGE, please circle which challenge:

Adult CPR Infant and Child CPR CPR/AED Professional Rescuer First Aid AED

For office use: Amount Paid Receipt/Authorization #

Payment by credit card:

MasterCard Visa Card #: _____ Expiration Date: _____

Name on Card: _____ Signature: _____ (as it appears on card)

Payment by check:

Check Amount: _____ Check Number: _____

Cancellation Policy

Cancellation and transfer requests must be received no later than 3 days prior to the scheduled course. Requests received with less than 3 days notice will be charged a \$10 administrative fee. Students who do not show up for a class may not request a refund or transfer of course. Refund requests must be received in writing to the Education & Marketing Director. "No Shows" are not refundable.

The Red Cross may cancel a class if less than six people are enrolled. If your class is cancelled and you are unable to transfer to another class session, the class fee will be refunded in full.

I have read and understand the conditions of the chapter's cancellation policy.

Signature _____