



# 2018 Wilderness & Remote First-Aid



Guardian Last Name

Guardian First Name

Address

City

Zip

( )

( )

( )

( )

Home Phone

Cell Phone

Work Phone

Emergency Phone

Visa MC

**Email:**

Cash Check

Check # :

Received by:

### Participant Information

Participant First Name	Participant Last Name	DOB	Gender	Activity #	FEE
		/ /	M / F		
		/ /	M / F		
		/ /	M / F		
		/ /	M / F		

Participant Release

Total Fees: \_\_\_\_\_

I, the below signed as adult (or the parent), do hereby release the City of Delta, its agents or employees, from liability for injuries or damages which may result to myself (my child) as a result of the participation of myself (my child) in the City of Delta Recreation Program. Further, the applicant agrees to save and hold harmless the City of Delta, its officers, agents, or employees, for any damages or personal injury which may result from activities.

Signature

Date



### REGISTRATION DEADLINE IS 3 BUSINESS DAYS BEFORE THE COURSE

√	Description	Dates	Time	Days	Activity #	FEE
	Wilderness & Remote First-Aid	June 13-15	9am-4pm	Thurs-Fri	155-1A	\$150.00

**\*Participants MUST be 14 years of age or older by the LAST day of the course.**

**\*\*Day 1 will be in the classroom, Days 2 & 3 of the course MAY take place at an outside location. Details given on the first day.**