



**American
Red Cross**

AMERICAN RED CROSS PROGRAM

Registration Form

Participant's Name(s): _____ Date of Birth: _____

Class: _____ Date of Class: ____/____/____ Time of Class: _____

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Member: _____ Non-Member: _____ Staff: _____

Program Options:

Babysitting Course \$125

Adult CPR/AED/FA Course \$90

Add Pediatric Certification for additional \$20

Lifeguard Certification
Member \$325/ Non-member \$400

Lifeguard Re-Certification
Member \$225/ Non-member \$300

Registration closes 10 days prior to start date of class or class is filled with 10 participants.

All lifeguard Re-Certifications need to submit a copy of current certification to register.

Program Payment:

Billing Information: Check Cash Club Bucks Card on File Credit Card

Credit Card Type: MasterCard Visa Discover Amex

Card Number: _____ Expiration Date: ____/____/____

I understand that to be considered for enrollment, the program payment must be paid in full. I hereby authorize Hockessin Athletic Club to enroll me and/or my children in the above indicated services. I understand that the registration fees are non-refundable.

Signature: _____ Date: ____/____/____

I have read, understand, and agree to all HAC policies and procedures for American Red Cross Training.

Signature: _____ Date: ____/____/____

For Office Use Only:

Date Received _____ Date Entered _____ Date POS Processed _____ M / N Initial _____

**For Re-certification courses only: *Copy of Certification card received _____ *Date certificate expires _____*



Aquatics
arc@hachealthclub.com
(302) 239-6688 x 152



**American
Red Cross**

NON-MEMBER
Entry Form

Effective: January 2023

Fees for Programs and Classes are non-refundable. Initial: _____

Today's Date: _____/_____/_____

| | | Circle One | Entered |
|----------------|---------------------|-------------|--------------------------|
| Adult 1: _____ | DOB: ____/____/____ | Male/Female | <input type="checkbox"/> |
| Adult 2: _____ | DOB: ____/____/____ | Male/Female | <input type="checkbox"/> |
| Child 1: _____ | DOB: ____/____/____ | Male/Female | <input type="checkbox"/> |
| Child 2: _____ | DOB: ____/____/____ | Male/Female | <input type="checkbox"/> |
| Child 3: _____ | DOB: ____/____/____ | Male/Female | <input type="checkbox"/> |
| Child 4: _____ | DOB: ____/____/____ | Male/Female | <input type="checkbox"/> |

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

I do hereby allow myself, my spouse and my child or ward to participate in any program function sanctioned by the Hockessin Athletic Club. I release the Hockessin Athletic Club and its staff from all claims of any injuries sustained by the above individuals while participating in any Hockessin Athletic Club sponsored activity. If medical attention is required for myself, my child or ward, I give permission for such medical care to be administered.

Signature: _____

Date: _____/_____/_____

For Office Use Only:

Data Entry Verified _____ Moved to Inactive _____ Initial _____



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