



MAS Milwaukee presents ...

CPR & AED TRAINING Ladies Only

MAS Milwaukee | 1908 W Layton Ave. Milwaukee, WI 53221



EMERGENCY®
first response

When: Saturday, February 13th 2010

Where: MAS Office

Time: 11:00AM – 3:00PM

Registration Cost: \$50.00/person

Call (414) 817-1540 to reserve your spot TODAY before the January 30th 2010 ***deadline.***

Course Description: This course will provide you with the basic necessary skills to provide CPR in the case of an emergency. You will also learn how to use an Automated External Defibrillator (AED). *Once you have completed the course, you will receive a CPR card that is valid for one year from the date received.*

Registration Application

CPR & AED Training Course



Please PRINT clearly and give current information. This information will be used for our documentation and if a class has been changed or cancelled.

Applicant Information:

FIRST NAME: _____ LAST NAME: _____

HOME PHONE: _____ CELL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

COURSE/REGISTRATION FEES \$ 50.00/person PAID: YES NO

Waiver & Release Form:

I agree that I the participant will abide by the rules of the Day Care training course and MAS, its affiliated organizations and sponsors. Recognizing the possibility of any injury associated with this course in consideration for the accepting the registrant for its activities. I hereby release, discharge and/or otherwise indemnify the Day Care training course and MAS organization, its affiliated organization and sponsors, their employees and associated personnel, including the owners of facilities utilized for the Programs, (collectively, the "Released Parties"), against any claim by or on behalf of the registrant as a result of the registrant's participation in the activities and programs.

X Signature: _____ Date: _____

Consent For Medical treatment:

I hereby give consent for medical care by a duly licensed doctor of medicine, doctor of dentistry, paramedic, or certified athletic trainer of the official medicine center of Milwaukee. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of myself.

X Signature: _____ Date: _____



Make Money Order Payable and Mail to:

Muslim American Society (MAS-Milwaukee Chap.)
1908 West Layton Avenue
Milwaukee, WI 53221