



TRAINING APPLICATION – TORONTO EMS FIRST AID/CPR

Please **PRINT** and **FAX** or **MAIL** this form to: Toronto EMS Safety Program, 1530 Markham Rd., Suite 502, Toronto, ON M1B 3G4
Phone: 416-392-9833 Fax: 416-397-0199, Email: emscpr@toronto.ca . Enquiries can be directed to the office Monday – Friday 8:00am – 4:00pm
or visit our website at www.torontoems.ca click on the link 'Learn CPR or First Aid'.

PLEASE NOTE: This Application Form will NOT be considered until ALL fields are completed.

- We will confirm your registration upon receipt of your application. _____
- Dress is casual. Please bring a pen and piece of paper.
- Please **ensure to arrive ON TIME as the classes start promptly** - permission to enter will not be granted after class starts.
- To re-schedule, you must provide at least 2 business days notification prior to the start of the course date by notifying our office (if needed please leave a voice mail or send an email).
- Notification of less than 2 business days **and prior to start time** of your registered class will result in a rescheduling fee of \$25.00.
- No Refunds** will be granted, for late arrivals or failure to attend your scheduled course. Please note you will be recharged the full amount of the course to reschedule for another date.

I agree to the terms and conditions as stated above;	
Signature:	Date:

STUDENT INFORMATION (Please Print Clearly)

Last Name:		First Name:	
Best Phone # for us to Contact you at:	Fax/Alternate #:	E-Mail:	
Complete HOME Mailing Address:			
City:		Postal Code:	

COURSE NAME (Check only one.)

<input type="checkbox"/> Emergency First Aid + Level "A" CPR (8 hrs) \$60.95 + GST = \$64.00	<input type="checkbox"/> Defibrillation, Level "A" (Adult) CPR (5 hrs) \$70.00 + GST = \$73.50	<input type="checkbox"/> Standard First Aid + Health Care Provider (CPR HCP) (16 hrs) \$125.00 + GST = \$131.25
<input type="checkbox"/> Standard First Aid + Level "C" CPR (16 hrs) \$99.05 + GST = \$104.00	<input type="checkbox"/> Level "A" (Adult) CPR (4 hrs) \$43.81 + GST = \$46.00	<input type="checkbox"/> Health Care Provider (CPR HCP) (8 hrs) \$65 + GST = \$68.25
<input type="checkbox"/> Defibrillation, Level "C" CPR + Standard First Aid (two day) (17 hrs) \$125.00 + GST = \$131.25	<input type="checkbox"/> Level "C" (Adult, Infant & Child) CPR Initial (8 hrs) \$60.95 + GST = \$64.00	<input type="checkbox"/> Health Care Provider (CPR HCP) Renewal (4-6 hrs) \$55.00 + GST = \$57.75
<input type="checkbox"/> Defibrillation, Level "C" CPR (8 hrs) \$70.00 + GST = \$73.50	<input type="checkbox"/> Level "C" (Adult, Infant & Child) CPR Renewal (4 hrs) \$43.81 + GST = \$46.00	<input type="checkbox"/> Emergency First Responder (40 hrs) \$551.00 + GST = \$578.55
<input type="checkbox"/> Defibrillation, Level "C" CPR Renewal (6 hrs) \$60.95 + GST = \$64.00		<input type="checkbox"/> First Aid/CPR Instructor (35 hrs) \$603.75 + GST = \$633.94
Course Date & Time Requested:		Course Location:

METHOD of PAYMENT: ****No payment will be accepted at the course!****

<input type="checkbox"/> Visa	*Card Number:	Expiry:
<input type="checkbox"/> Master Card		
Name on Card: (if different than student)		Signature of Cardholder:
*Money Order or <u>Certified Cheque</u> : (payable to "Treasurer City of Toronto." Please include your name & course date)		

RISK WAIVER & CONSENT FORM

By registering for this course I recognize that risk of injury or potential health risk may be involved in participation in the above-named program/activity. I hereby willingly assume such risk of injury or health risk for myself or for the above-named person(s) for whom I am in law responsible and assume full responsibility during and after my/their participation in the program/activity. In consideration of the acceptance of my application and the permission to participate in the program/activity, I, for myself, my heirs, executors, administrators, successors and assigns **HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE** the City of Toronto, all other organizations, associations and companies associated with any of the programs offered by the City of Toronto, and all their respective agents, employees officials, servants, contractors, representatives, elected and appointed officials, successors and assigns **OF AND FROM ALL** claims, demands, damage, costs and actions whatsoever and however caused, arising or to arise by reason of my participation in the program or any its associated activities.

SIGNATURE OF PARTICIPANT _____	18 YEARS + OR PARENT/GUARDIAN
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The personal information on this form is collected under the authority of the *City of Toronto Act, 2006, Municipal Act, 2001, and Ambulance Act, 1990*, s.6. This information is used to process the registration application for an EMS education program(s), to deliver education services, and to collect payment for the program. Questions about this collection can be directed to: Supervisor, Safe City Program, Community Safeguard Services, Toronto Emergency Medical Services, 1530 Markham Road, Suite 502 Toronto, ON M1B 3G4 or by calling phone number (416) 338-0475.