



Medical First Responder

Registration Form

Name: _____

Address: _____

Date of Birth: _____

Phone #: _____

E-mail: _____

Driver's License # _____

Course fee is \$525 which includes Books.

A deposit of \$200 is required at the time of registration. If course is not paid in full at time of registration, the balance is due the first night of class. (Sorry no payment plans available.)

I hereby understand upon receipt of my deposit a criminal background check will be completed and I will be scheduled to complete a drug test.

I furthermore understand that failure of either the background check or drug test will result in my registration being rejected and I will be reimbursed my deposit minus a \$75 processing fee.

My signature below confirms I have read the above statement.

Signature; _____