



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 **3 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 **3 business days and prior to start time** of your registered class will result in a rescheduling fee of \$25.00. **No subsequent refunds will be issued.**
- No Refunds** will be granted, for late arrivals or failure to attend your scheduled course. Please note you will be charged the full amount of the course to reschedule for another date.
- Cancellations must be received and confirmed by our office **3 business days** prior to your scheduled course in order to qualify for a refund.

I agree to the terms and conditions as stated in this document.	
Signature:	Date:

STUDENT INFORMATION (please print clearly)

Last Name:	First Name:	
Best Phone No. for us to Contact you at:	Fax/Other No.:	
Complete HOME Mailing Address:		
City:	Postal Code:	Email:

COURSE NAME (Check only one.)

<input type="checkbox"/> Emergency First Aid + Level "A" CPR (8 hrs) \$64.00 + HST = \$72.32	<input type="checkbox"/> Defibrillation, Level "A" (Adult) CPR (5 hrs) \$58.00 + HST = \$65.54	<input type="checkbox"/> Standard First Aid + Health Care Provider (CPR HCP) (18 hrs) \$131.00 + HST = \$148.03
<input type="checkbox"/> Standard First Aid + Level "C" CPR (16 hrs) \$104.00 + HST = \$117.52	<input type="checkbox"/> Level "A" (Adult) CPR (4 hrs) \$46.00+ HST = \$51.98	<input type="checkbox"/> Health Care Provider (CPR HCP) (8 hrs) \$68.00 + HST = \$76.84
<input type="checkbox"/> Defibrillation, Level "C" CPR + Standard First Aid (two days) (17 hrs) \$131.00 + HST = \$148.03	<input type="checkbox"/> Level "C" (Adult, Infant & Child) CPR Initial (8 hrs) \$64.00 + HST = \$72.32	<input type="checkbox"/> Health Care Provider (CPR HCP) Renewal (5 hrs) \$58.00 + HST = \$65.54
<input type="checkbox"/> Defibrillation, Level "C" CPR (8 hrs) \$74.00 + HST = \$83.62	<input type="checkbox"/> Level "C" (Adult, Infant & Child) CPR Renewal (4 hrs) \$46.00 + HST = \$51.98	<input type="checkbox"/> Emergency First Responder (40 hrs) \$578.00 + HST = \$653.14
<input type="checkbox"/> Defibrillation, Level "C" CPR Renewal (6 hrs) \$64.00 + HST = \$72.32	<input type="checkbox"/> Standard First Aid - Recertification (9 hrs) \$75.00 + HST = \$84.75	<input type="checkbox"/> First Aid/CPR Instructor (35 hrs) \$634.00 + HST = \$716.42
Course Date & Time Requested:		Course Location:

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

<input type="checkbox"/> Visa	<input type="checkbox"/> Certified Cheque	Card Number:	Expiry:
<input type="checkbox"/> Master Card	<input type="checkbox"/> Money Order		
Cardholder's Name (if different than student)		Signature of Cardholder:	
Cardholder's Mailing Address:			

Money Order or Certified Cheque must be made payable to: Treasurer, City of Toronto. Please include your name and 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**