

North Carolina Wesleyan College CPR and First Aid Training



Fred Turnage Chapter



Course Description

Adult First Aid/CPR/AED program is to help participants recognize and respond appropriately to cardiac, breathing and first aid emergencies. The courses in this program teach participants the knowledge and skills needed to give immediate care to an injured or ill person and to decide whether advanced medical care is needed. This program offers a choice of first aid, CPR and AED courses to meet the various training needs of a diverse audience.

Student Fee: \$27/ Staff Fee: \$47/ Community Participant Fee/\$60

Tuesday, March 12th – 6:30 p.m. to 9 p.m.

or

Monday, April 8th – 6:30 p.m. to 9 p.m.

You only have to sign up for one session. Email the instructor once you have registered and she will provide you with the location.

***All materials and tests are necessary for American Red Cross Course Completion Certificates.
Audit options available without testing component.***

ARC Site Administrator/Instructor

Beverly A. Biancur, bbiancur@ncwc.edu
Phone: 252-985-5215
Fax: 252-985-5252

Please make payments and return form to:

NCWC Business Office
3400 North Wesleyan Boulevard
Rocky Mount, NC 27804
Phone: 252-985-5104 (Office Hours 8AM-5PM)

American Red Cross First Aid and CPR Certification Registration

First/ Last Name: _____ Phone: _____ Age: _____

Address: _____ City/State/ZIP: _____

Email Address: _____

Waiver/Assumption of Risk

I do hereby release and discharge N.C. Wesleyan College, Inc. and its trustees, officers, employees, agents, independent contractors, and assigns, associates, subsidiaries and partners from any liability whatsoever, including but not limited to, liability for negligence, and from, any claim or claims for damages that allegedly arise out of or relate in any way to any injuries or alleged injuries that I may suffer in connection with all activities which I participate at the NC Wesleyan soccer camp. My participation in this camp may also include treatment provided to me by a physician selected by NC Wesleyan. I hereby acknowledge my assent to the terms and conditions of this release by signing below.

Signature: _____ Date: _____

Guardian Signature: _____ Date: _____
(If under 18 years of age.)

Check	COURSE	DATE	FEE TYPE	PRICE
	Adult First Aid/CPR/AED	March 12, 2019		
	Adult First Aid/CPR/AED	April 8, 2019		
			Subtotal:	
			Tax:	
			Total:	

Method of Payment

- Check
 Cash
 Credit Card (VISA, MasterCard, American Express)

Credit Card Number: _____ Expiration Date: _____

Signature: _____



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