

**Pre-registration is required for all courses/programs.  
 Courses/programs that have fees must be pre-paid.  
 For more information or additional registration  
 forms, please call (217) 787-7602.**

Course	Date	Time	Location	Price
Pet First Aid	Tuesday October 20, 2009	6:00 – 9:30	1045 Outer Park Dr.	\$40.00
	Saturday Nov. 14, 2009	1:00 – 4:30		
	Tuesday Dec. 8, 2009	6:00 – 9:30		

Participant's Name (Printed): \_\_\_\_\_

Address: \_\_\_\_\_  
 City State Zip Code

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

Parent or guardian name if under 18: \_\_\_\_\_

**PAYMENT INFO:**

- Cash/Check Enclosed
- Credit Card (Specify: Visa / MasterCard / AmEx)

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Full Name on Credit Card: \_\_\_\_\_

**NOTE:** Cancellations must be received at least 3 working days prior to the course date. There is a \$5.00 administration fee for cancellations. If the Red Cross has to cancel a class due to unforeseen circumstances, attempts will be made to enroll participants in a future class.

Release of all claims and information/photo release: My signature below indicates that I elect to participate in an American Red Cross course. With my participation, I do hereby release and discharge the American Red Cross, IL Capital Area Chapter, its assignees, officers, agents and employees from any and all liability in the event of an accident or incident. I further certify that my physical condition will enable me to participate fully in the class. I give to the American Red Cross, its nominees, agents and assignees, unlimited permission to use, publish, and republish for purposes of advertising, trade, or any other lawful use, information about me and reproductions of my likeness (photos) and my voice related to affiliation with the American Red Cross, with or without my name.

Signature (parent/guardian, if under 18): \_\_\_\_\_ Date: \_\_\_\_\_