



FALL

First Aid/CPR/AED Course

Red Cross Certified Instructors: Taylor York & Kasia Brzezicka
South Milwaukee Recreation Department

Purpose

The American Red Cross First Aid/CPR/AED program helps participants recognize and respond appropriately to cardiac, breathing and first aid emergencies. The courses in this program teach the knowledge and skills needed to give immediate care to an injured or ill person and to decide whether advanced medical care is needed. Class will be held in the South Milwaukee Middle School at 901 15th Ave South Milwaukee WI 53172

Directions: The parking lot is on the east side of the High School (between football field and fieldhouse), east of 15th Avenue and off of Oak Creek Parkway. Walk up the hill and go through Entrance #34, then go left down the hallway and through the multiple doors on left. You will then have access to the pool.

Dates & Times

Tuesday, November 5; Thursday, November 7 - 5:30-8:30 pm; Monday, November 11 - 5:30-6:30 pm

Registration

Age requirement 12 years old—Adult

Registration is now being accepted by mail or in person on a first-come, first-served basis at the South Milwaukee Recreation Department, Room #1100, 901 15th Avenue, South Milwaukee, WI 53172. Walk-in registration is possible, Monday-Friday, 8:00—4:00 PM. We are located on the east side of the Senior High School. You may park your car in the East lot and enter the building through door #24. The Recreation Office is located just inside of door #24 and the building is labeled COMMUNITY RECREATION & FITNESS CENTER. You may also visit our website (www.smrecdept.org) and register on-line.

Registration Code & Fee

Activity code: RX100.102 \$100/Residents; \$110/Non-Residents.

Prerequisites

Candidates must complete the [Blended Learning First Aid-CPR-AED Course online](#) PRIOR to the first day of class. This will be sent out 2 weeks beforehand via email.

Certification Requirements

Candidates must complete:

- All lessons of the online learning session and pass the online assessment with a score of at least 80%.
- Participate in all course activities.
- Demonstrate competency in all required skills.
- Successfully complete the Putting It All Together Assessment Scenarios.

Certificate Issued and Validity Period

The American Red Cross certificate for First Aid/CPR/AED is valid for 2 years.

Participant Materials

American Red Cross Lifeguarding Manual (online-free)



REGISTRATION FORM

MAIL REGISTRATION:

South Milwaukee Recreation Dept.
 901 15th Avenue
 South Milwaukee, WI 53172
 417-766-5081 or 414-766-5082
 www.smrecdept.org

WALKING IN REGISTRATION

South Milwaukee High School
 901 15th Avenue
 Park on the east side of the high school
 Enter through Door #24

PART 1 - FAMILY INFORMATION (please print clearly)

Family Last Name: _____ First Name: _____
 Address: _____ City: _____ Zip: _____
 Home Ph:() _____ - _____ Business Ph:() _____ - _____ Cell Ph:() _____ - _____
 E-Mail Address: _____

PART 2 - SIGN THE WAIVER/RELEASE

I, the undersigned do hereby agree to allow the individual named herein to participate in the activities indicated. I am aware and understand there may be potential risk inherent with participation in any recreation activity, and that the School District of South Milwaukee does not provide accident insurance and cannot assume responsibility for injury to any participants in the recreation programs.

I further understand the eligibility requirements for the program as stated in the department brochure or flyers and that there is no transfer of fees allowed or refunds given unless the department changes a class. I also agree to allow publication of any photos taken of me or the participant (S) at any program, event, or facility of the South Milwaukee Recreation Department.

I have read and fully understand the concussion protocols for athletes and will turn in the Concussion Parent/Athlete Agreement Form at the time of registration. This form and additional concussion information is available online at www.smrecdept.org. You may also pick up the form in the Recreation Dept. Office.

 Participant/Parent/Guardian Signature _____
 Date

PART 3 - PARTICIPANT INFORMATION

Participant Name	M/F	Date of Birth	Grade	Activity Name	Activity Code	Fee

Special Information (i.e. medical, physical, allergies): _____

Total: \$ _____ Check # _____ Cash _____ Money Order _____

Make checks or money order payable to the South Milwaukee Recreation Department

Please Circle the Youth T-Shirt Size if one is given as part of the registration **XS S M L XL**