

# CPR for Teens Registration Form

Wednesday, July 20th

Time 1:00-4:30p

Lemont Safety Village

Name \_\_\_\_\_  
Birthdate \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Home Phone \_\_\_\_\_

## Parent Information

Name \_\_\_\_\_  
Work/cell # \_\_\_\_\_

In case of emergency, list an additional contact

Name \_\_\_\_\_  
Phone # \_\_\_\_\_

Please list any allergies or health concerns

\_\_\_\_\_  
\_\_\_\_\_

Parent/guardian signature \_\_\_\_\_  
Date \_\_\_\_\_

Please mail registration form and \$40.00 class fee to:

MaryBeth Gaffney

1209 Pleasant Place

Lemont, Illinois 60439

Call 630-243-9421 with any additional questions

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