***Emergency Care Health & Safety  
Training Enrollment Form***

**Company Name:****Date of Course:****/****/**

**Contact Name:****Number of Students:**

**Company Address:****City, State, Zip**

***Course Agency:***

**American Red Cross** **American Heart Association**

***Certification***

Certification Re-Certification

***Certification Type***  
Note: All Instructor Courses are Certified Through The American Red Cross

CPR/AED Professional Rescuer Lay Responder/Heartsaver First-Aid

Lifeguard Bloodborne Pathogen Lifeguard Instructor

CPR Instructor CPA/AED & First-Aid Instructor Emergency Medical

Responder

***Non-Work Place Student Information***

**Student's Name:****Date of Birth:****/****/****Phone:****-****-**

**Student Address:      Emergency Contact:****Relationship:****City, State, Zip:       Emergency Contact Phone:    -   -**

***Payment Must Be Made At Least 48 Hours Prior to Class (***non-work place only)

Check Cash Credit Card (+3.0%)

***Enrollment Form must be submitted 48 hours before start***

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**NOTE: Make checks payable to Dan Castagna, Jr**

**P.O. Box 935•Linwood, PA 19061**