



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Sussex County YMCA American Red Cross Lay Responder CPR/AED Registration Form 2019

Name: _____ Date of Birth _____
Address: _____
Town: _____ State/Zip: _____
Phone: _____ Cell: _____
E-mail: _____

Class Dates (Check one):

<input type="checkbox"/>	Tuesday	April 2	4 - 8p
<input type="checkbox"/>	Saturday	April 13	12 - 4p
<input type="checkbox"/>	Wednesday	May 15	4 - 8p

YMCA Membership (Check one):

YMCA Facility Member _____ Community Member _____

****Attendance at all classes is mandatory; failure to do so will result in an incompleteness of class.**

Facility Members: \$100.00

Community Members: \$125.00

_____ If unable to pass the certification test, no refund will be given.
Initial & Date

Check# _____

Balance Payment Type (Circle one): Check Cash Credit Card

Credit Card Type: _____

Card #: _____ Exp. Date: _____

Signature: _____ Date: _____

SUSSEX COUNTY YMCA

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www.sussexcountyyymca.org