

**AMERICAN RED CROSS
OF NORTHEASTERN NEW YORK**

Chapter Service Center

33 Everett Road
Albany, NY 12205
(518) 458-8111
1-800-831-0927
FAX (518) 459-8273
www.redcrossneny.org

Swimming and Small Craft Program Course Registration

This form must be submitted to a chapter Service Center at least one week prior to the first session of the course. This is the only means by which you can secure books, equipment, and/or certificates. Please notify the Health and Safety office if you wish to pick up the certificates in advance.

Class Dates: _____

Times of Each Session: _____

Number of Sessions: _____

Anticipated Enrollment: _____

Exception to Minimum
Enrollment Requested: _____

<p>CHECK COURSE TO BE TAUGHT</p> <p><input type="checkbox"/> Swimming, Levels I-VI</p> <p><input type="checkbox"/> Parent and Child Aquatics</p> <p><input type="checkbox"/> Preschool Aquatics</p> <p><input type="checkbox"/> Basic Water Rescue</p> <p><input type="checkbox"/> GuardStart</p> <p><input type="checkbox"/> Whales Tales</p> <p><input type="checkbox"/> Canoeing or Kayaking</p> <p><input type="checkbox"/> Other (specify) _____</p>
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Organization Course is Provided For: _____

Course Location: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Is the course open to additional enrollment? Yes ____ No ____

Indicate fees involved to students: _____

Instructor's Name: _____ Daytime Phone: _____

E-mail Address: _____

(Instructor must sign at the end of Page 2.)

EQUIPMENT NEEDS

** All equipment, videos and texts to be obtained through the Red Cross must be reserved on this form through the Health and Safety Department at least one week prior to the date needed.

** Confirm your reservation at least one week in advance.

** Rental fees are charged on a per usage day basis. Payment may be made by cash, check, or credit card. Billing is permitted to authorized instructors or agencies/organizations with prior approval.

NOTE: It is the responsibility of the instructor to ensure that all required equipment and videos are used during the course.

Quantity Needed	Item * = purchase only	Pickup Date	Return Date
	Kickboards		
	Lifejackets		
	Rescue Tubes		
	Ring Buoy		
	Throw Bag		
	Brick		
	Backboard, with straps and immobilizer		
	Adult Manikin		
	Child Manikin		
	Other – Specify		
	Video – Title		
	Textbooks * - Title		XXXXXX

IMPORTANT NOTE - READ AND SIGN

As an instructor, I realize that I am responsible for the health and safety of my students during class. I have read and understand the CDC Guidelines for manikin decontamination and will abide by them. All manikins will be disassembled and decontaminated before they are returned to the Red Cross or I will notify the Red Cross that this has not been done. I also understand that if it is necessary for the Red Cross to complete this decontamination procedure on my behalf, I will be assessed a cleaning fee of \$10.00 per manikin.

Instructor Signature _____ Date _____