APPLY FIRST AID COURSE

(Previously known as SENIOR FIRST AID & CPR)

Parasol EMT Training & St Ursula's College

ENROLMENT FORM

NAME			
ADDRESS			
TOWN			
POST CODE		DOB	
PARENT/GUARDIAN NAME			

(Please circle)

Boarding student YES / NO

Year level 10 / 11 / 12

PC _____

STUDENT SIGNATURE _____

I agree to my daughter participating in the Apply First Aid course being delivered by Parasol EMT Training on 23 May 2009 at St Ursula's College. In addition, I am aware payment for this course will confirm my daughters' attendance and a refund is not available without a doctor's certificate.

PARENT / GUARDIAN SIGNATURE _____

DATE _____

PLEASE RETURN TO COLLEGE OFFICE WITH PAYMENT ($93)
BY MONDAY 11 MAY 2009