



Youth volunteers who are Basic Aid Training (BAT) Instructors, CPR and First Aid Instructors, and Instructor Aides teach life-saving skills to children ages 7 to 12. The 3-hour training will teach the child participants what to do in an emergency and the basics of first aid. The lessons are interactive and hands-on so the participants develop an appreciation for learning safety and emergency preparedness through games, activities, and projects. Book and Safety Supplies are included.

***Space is limited, Pre-register to guarantee enrollment!***

**Prerequisite:** Must be 7-12 years of age.

**Course length:** 3 hours

**Certification:** SAFE Kids Completion, Basic Aid Training, and water safety: Valid 3 years.

**Dates:** Saturday, May 22<sup>nd</sup>, 2010 – CPR Saturday

**Time:** 9:00am – 11:30pm or 11:00am – 1:30pm or 1:00pm – 3:30pm

**\*\*\$7 Adult CPR classes are available at the same time for parents! Please see website.\*\***

**Location:** Long Beach City College – 4901 E. Carson St, Long Beach

**Price:** \$7.00 Please make checks payable to the American Red Cross, Memo: Safe Kids- CPR Saturday

**For more information please call (562) 490-4015 or visit our website at [www.redcrossLB.org](http://www.redcrossLB.org)**

**REGISTRATION INFORMATION (PLEASE PRINT)**

Class Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ E-mail (Required): \_\_\_\_\_

Child's Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

In case of an emergency: \_\_\_\_\_

Person signing out (picking up) student (if other than parent): \_\_\_\_\_

I \_\_\_\_\_ (Parent/Guardian Name), hereby grant permission for my child to participate in the SAFE Kids Training Course. I also agree on behalf of myself, my child's other parent if known or living, to hold harmless and defend the American Red Cross, the City of Long Beach, the California Office of Traffic Safety and/or any representatives associated with the scheduled activity. I also agree that photography and video representation may be made for information and promotional purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Friend/Family Member/Troop your son/daughter would like to be placed with: \_\_\_\_\_

**Please send completed registration form to:  
American Red Cross-Greater Long Beach Chapter, 3150 East 29<sup>th</sup> St., Long Beach, CA 90806**