

The Clifton Recreation Department presents...
MY HEART IS IN YOUR HANDS



ADULT CPR/AED & FIRST AID RALLY

Saturday, February 11th

8:30 a.m. – 3:00 p.m.

Conducted at the Community Recreation Center
1232 Main Avenue – Clifton, NJ

Continental Breakfast included at 8:30 a.m.



The rally is conducted only once a year at this discounted price so that we can get as many people in Clifton trained in these lifesaving skills.

The CPR Module, including AED (Automated External Defibrillation), teaches participants to recognize and care for life-threatening respiratory and cardiac emergencies in adults. Topics include caring for conscious & unconscious choking victims; performing CPR; care for breathing & cardiac emergencies in adults; avoiding blood borne pathogen exposure.

The First Aid Module teaches participants how to recognize emergency situations, check the scene and call for help, avoid blood borne pathogen exposure, care for wounds, bone & soft tissue injuries, head & spinal injuries, burns, heat & cold emergencies, manage sudden illnesses, stroke, seizure, bites etc., and minimize shock.

All participants are required to take a written test and perform the required skills. American Red Cross certification will be issued upon successful completion, valid for 2 years. Each participant will receive a Valentine gift, to give to their loved one, with a tag that reads "I am trained in CPR and First Aid because I love you – Your Heart Is in My Hands".

The cost is \$30.00 per person

Pre-registration is required.

Return check & registration form below to:

Clifton Recreation Department, 900 Clifton Avenue Clifton, NJ 07013

CLIFTON RECREATION DEPARTMENT PROGRAM REGISTRATION

PARTICIPANT'S NAME: _____ **REGISTRATION #:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

HOME #: _____ **CELL #:** _____ **EMAIL:** _____

GENDER: M / F **AGE:** _____ **BIRTHDATE:** _____ **SCHOOL:** _____ **GRADE:** _____

SPECIFIC INFORMATION OR SPECIAL CONCERNS: _____

PROGRAM / ACTIVITY: CPR/AED & FIRST AID RALLY

DAY(S): SATURDAY

TIME: 8:30 – 3:00 PM

FEE: \$30.00

PARTICIPANT / PARENT / GUARDIAN AGREES THAT HE / SHE IS IN GOOD HEALTH AND PHYSICALLY ABLE TO PARTICIPATE IN THE SPORT / ACTIVITY AND FURTHER AGREES THAT THE CITY OF CLIFTON AND / OR ITS AGENTS / MEMBERS OR EMPLOYEES SHALL NOT BE LIABLE IN THE EVENT OF AN ACCIDENT, INJURY OR ANY DAMAGE WHATSOEVER, ARISING FROM PARTICIPATION OR PRESENCE IN OR AT SAID ACTIVITY. I GRANT THE CITY OF CLIFTON MY PERMISSION TO USE PHOTOGRPHS, SLIDES OR VIDEOTAPES TAKEN DURING PARTICIPATION IN THE ABOVE SPORT / ACTIVITY TO BE USED IN LEGITIMATE CITY PROMOTIONS. I FURTHER GRANT PERMISSION TO THE CITY OF CLIFTON TO AUTHORIZE MEDICAL CARE FOR ME OR MY CHILD IN AN EXTREME EMERGENCY.

SIGNATURE (PARENT IF MINOR)

DATE

----- OFFICE USE -----

RANK: _____ **TEAM:** _____ **BIRTH CERT.** _____ **RESIDENCY:** _____ **RECEIPT #:** _____