

Your Privacy

The information that you provide when you register for a course will *not* be used to create individual profiles, nor do we disclose this information to anyone outside of Vital Signs. The information is gathered for the purpose of confirming your registration, establishing course participant lists, and updating the Vital Signs Mailing List Database only.

As electronic systems and e-mail are not secure information transmission methods, it is not recommended that sensitive personal information be transmitted electronically (i.e., credit card numbers). A deposit (cheque) must be made at time of registration. Course registrations may be made by calling (519) 389-3660 or 1-800-260-8560.

[Privacy Policy](#)

**VITAL SIGNS
REGISTRATION FORM**

NAME: _____

ADDRESS: _____

POSTAL CODE: _____

PHONE # _____

HAVE YOU TAKEN A COURSE FROM VITAL SIGNS BEFORE? _____

CUSTOMER I. D. # _____

AGE GROUP: _____ **

REASON FOR TAKING COURSE: _____ **

COURSE NAME: _____

COURSE DATES: _____

COURSE TIMES: _____

COST: _____ DEPOSIT PAID: _____ **

SIGNATURE: _____

****SEE BACK OF PAGE FOR MORE INFORMATION**

TO REGISTER (deposit must be included): 1. MAIL TO: VITAL SIGNS P.O. BOX #357 PORT ELGIN NOH 2C0 OR 2. CALL (519) 389-3660 or 1-800-260-8560(deposit by visa #) OR 3. E-MAIL US vitalsigns@bmts.com (deposit by visa #) OR 4. FAX: (519) 389-5458 (deposit by visa #)

AGE GROUP:

- | | |
|----------|----------|
| 1. 0-14 | 4. 35-44 |
| 2. 15-24 | 5. 45-54 |

3. 25-34

6. 55-55+

REASONS FOR TAKING THE COURSE: (PUT GROUP NUMBER ON OTHER SIDE)

- 1. HEALTH CARE PROFESSIONAL (RPN, RN, LAB TECH, ETC.)
- 2. EMERGENCY SERVICES PROFESSIONAL (LIFEGUARD, FIREFIGHTER, ETC)
- 3. TEACHER/TRAINER
- 4. DAY CARE WORKER
- 5. DESIGNATED FIRST AIDER FOR THE WORKPLACE
- 6. FAMILY INTEREST
- 7. GENERAL INTEREST
- 8. RED CROSS EMPLOYEE
- 9. RED CROSS VOLUNTEER
- 10. STUDENT

DEPOSIT REQUIRED: (CHEQUE OR VISA)
 (PARTICIPANTS ARE NOT REGISTERED UNTIL DEPOSIT IS RECEIVED)

1. STANDARD FIRST AID WITH CPR	\$30.00
2. STANDARD FIRST AID WITH CPR RETRAINING	\$15.00
3. HEARTSAVER/INFANT-CHILD CPR	\$15.00
4. BASIC RESCUER CPR	\$20.00
5. BASIC RESCUER CPR RETRAINING	\$15.00
6. CHILDSAFE WITH INFANT/CHILD CPR	\$20.00
7. BABYSITTING	\$15.00
8. EMERGENCY FIRST AID WITH CPR	\$30.00
9. FIRST RESPONDER	\$110.00
10. FIRST RESPONDER RETRAINING	\$30.00

PAYMENT OF DEPOSIT BY VISA, (*VISA ONLY*)

CARD# _____ EXPIRY DATE: _____

NAME ON
CARD _____

SIGNATURE _____