



**PRETTY SAFE ENTERPRISES –
CANADIAN RED CROSS FIRST AID PROGRAM REGISTRATION**



First Name		Last Name	
Program		Recertification	Yes / No
Date		Location	
Birthdate		Gender	
Street Address		Town/City	
Province		Postal Code	
Telephone		Email Address	
Emergency Contact		Telephone	

PHYSICAL ACTIVITY AND HEALTH QUESTIONNAIRE

For most people, the physical activity of this course should not pose a problem or hazard. Using this questionnaire we can identify the small number of people for whom this activity may be inappropriate. If you answer yes to any questions listed below, your participation in a first aid training program may put you at risk and you must discuss your response with the instructor immediately:

1	Have you ever had or has your doctor ever said you have heart trouble?	Yes/No
2	Do you frequently have pain in your heart or chest?	Yes/No
3	Do you often feel faint or have spells of severe dizziness?	Yes/No
4	Has your doctor ever said your blood pressure is too high?	Yes/No
5	Has your doctor ever told you that you have a bone or joint problem that may be aggravated by exercise?	Yes/No
6	Is there a physical disability that would prevent you from participating in an activity that requires you to move around (including bending or kneeling on the ground)?	Yes/No
7	Has your doctor ever indicated that you have any medical conditions that would prevent you from participating in mild physical activity?	Yes/No
8	Have you come into contact with or are you in the stage of any infectious process such as Hepatitis B, Herpes Simplex I or II (Cold Sores) or HIV?	Yes/No
9	Are you pregnant?	Yes/No
10	Have you ever had skin sensitivity to latex?	Yes/No
11	Do you have any medical concerns such as allergies, seizures, chronic conditions, etc?	Yes/No
12	Have you had any recent injuries or illnesses?	Yes/No
13	Are you taking any medications?	

If you answered Yes to Question 11, 12 or 13 please explain:

TRAINING RELEASE AND WAIVER

I have answered the physical activity and health questionnaire honestly to the best of my knowledge.

I answered NO to all questions. I answered YES to question(s): _____ I have been counseled by the Instructor that it is OK to take the course or not to participate given my response, however I insist on doing so. (Check the appropriate box)

I fully understand the requirements of this program and voluntarily assume the risks. I hereby waive all claims I might have against the instructor, Michael Pretty, Pretty SAFE Enterprises and the Red Cross as a result of participating in the program, including claims for general damages (out of pocket expenses and wages), legal costs and all losses of any kind whatsoever. I hereby declare that all the information provided is correct and accurate to the best of my knowledge

Signature:	Print Name:	Date (DD-MM-YYYY):
Signature of Parent or Guardian (if under 16 yrs of age):		