



# Indian River County Sheriff's Office

## Basic Life Saving Registration Form

### Client Information and Consent



Name

DOB  Occupation

Address

City  Zip

Phone  Email

- |  | Yes                         | No                    |
|--|-----------------------------|-----------------------|
| 1. Is this a New Certification?  | <input type="radio"/>       | <input type="radio"/> |
| 2. If No, will you be able to provide a copy of your current Certification?  | <input type="radio"/>       | <input type="radio"/> |
| 3. Is this for your company or organization?   | <input type="radio"/>       | <input type="radio"/> |
| 4. If so, How many People will be attending?   |                             |                       |
| <input type="text"/>   |                             |                       |
| 5. There is a \$5.00 per person fee associated with this course. How would you like to pay for this fee? Due at time of service. |                             |                       |
| <input type="radio"/> Cash   | <input type="radio"/> Check |                       |

If Check, Please make the check out to "Indian River County Sheriff Office. Memo: BLS/CPR Course Fee.

## Comments



Kindly submit a form for each individual