

# Grimes Parks & Recreation

Telephone: (515) 986-2143

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[www.grimesiowa.gov](http://www.grimesiowa.gov)



## Community CPR / First Aid Classes

**Program Description:** This class teaches CPR and first aid. It meets OSHA requirements through American Safety and Health Institute. After completing the class you will earn a 2 year CPR certificate. **Registration begins March 25, 2013 at 7pm.**

**Who:** For Ages 16 and Up

**Where:** Grimes Community Complex Cafeteria

**Date/Time:** Wednesday, May 22, 2013  
6:00 – 9:00pm  
**DEADLINE is May 1 at 7pm**

**Instructor:** Brenda Rothermich  
Certified CPR Instructor

**Cost:** \$35 per class  
Please mail registration and payment to:

**Brenda Rothermich**  
**9635 Davis Drive**  
**West Des Moines, IA 50266**

**OR** drop off to Grimes Parks and Rec office at 410 SE Main St, Grimes, IA 50111 and we can pass it along to the instructor.

**Contact:** Brett Barber  
Grimes Parks and Recreation Director  
[bbarber@ci.grimes.ia.us](mailto:bbarber@ci.grimes.ia.us) **OR** 515-986-2143



### 2013 "Community CPR and First Aid" Information Form

PARTICIPANT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

MAILING ADDRESS (if different from street address): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ DOB \_\_\_\_\_

**COST IS \$35 PER PERSON (PLEASE MAKE CHECKS PAYABLE TO BRENDA ROTHMERMICH)**

#### Release and Indemnification Agreement:

I hereby request that you accept my application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance, I hereby release the City of Grimes, its employees, associated with this program from all claims which may arise in the event I am injured in an accident that occurs while I am participating in this program. I further agree to indemnify the City of Grimes, its employees, associated with this program for any claim, which may hereafter be presented on behalf of myself as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage while I participate in this particular activity. I will also allow pictures of myself during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature

Date

**Grimes Parks and Recreation Office ~ 410 SE Main St. in Grimes**