



City of
SANTA CLARITA
Presents



CERT
(Community Emergency Response Training)

This nationally certified course is designed to help families, neighborhoods, schools, and businesses prepare for effective emergency/disaster responses through training and preplanning. Course features include:

- Fire Suppression/Utility Control
- Light Search & Rescue
- Terrorism/Disaster Preparedness
- Triage/Disaster Medical Operations
- Team Organization & Management

Course Location: City of Santa Clarita - Activities Center
20880 Centre Pointe Parkway
Santa Clarita, CA 91350

When: Thursday, February 11, through Thursday, March 25, 2010
(This course is seven consecutive Thursdays)
6:00 p.m. - 9:00 p.m.

Materials Fee: \$30.00 per person *Note: Participants must be at least 18 years old*

Course Code: 1726.105

Online Registration: www.santa-clarita.com/cityhall/parks/seasons/index.asp

OR:

Registration by Mail: Parks, Recreation, and Community Services *(Checks payable to City of Santa Clarita)*
City of Santa Clarita-Aquatic Center
20850 Centre Pointe Parkway
Santa Clarita, CA 91350

Registration Availability: (661) 250-3700 *(Maximum enrollment is 35, please note, course fills up quickly)*

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Birth Date _____ Home Phone (____) _____ Work Phone (____) _____

Course Code **1726.105** E-Mail Address _____

Emergency Contact Name _____ Number (____) _____

TOTAL FEES ENCLOSED: _____ FORM OF PAYMENT: CHECK DISCOVER VISA M/C

Cardholder's Name _____ Credit Card # _____ Exp. Date _____

Cardholder's Signature _____

I voluntarily agree to participate or for my children to participate in these programs. I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury, including death, as well as from claims of property damage which may arise in connection with the above named activity, against the Supervisor, the City of Santa Clarita and its elected and appointed officials, agents and employees. As parent/guardian, I hereby consent to treatment of my minor children for any and all medical procedures deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as result of said treatment. I hereby give permission to the City of Santa Clarita Parks, Recreation and Community Services Department to use my photograph as they see fit in their seasonal recreational brochure. I understand the photograph belongs to the City of Santa Clarita, and I will not receive payment of any kind.

Adult Signature: _____ **Date:** _____