



CPR/AED RECERTIFICATION CHALLENGE 2009-2010

The Adult CPR Challenge course is designed for those who have a current CPR/First Aid card. The class format is set as a test-out environment only; there will be **NO instruction**. You will have up to two (2) hours to test out. **Participants must be Auburn School District employees and must present a current non-expired card in order to participate.** If you are up to the challenge, this class is for you. **FIRST COME – FIRST SERVE**

PLEASE DRESS CASUAL AND COMFORTABLE FOR CLASS ACTIVITY

AUBURN MOUNTAINVIEW HIGH SCHOOL

INSTRUCTOR: Steve Calhoun
LOCATION: Room 506
TIME: Test Out Between 3 and 6 p.m.

OPTION CA: Tuesday, October 27, 2009
OPTION CB: Tuesday, November 17, 2009
OPTION CC: Tuesday, December 1, 2009
OPTION CD: Tuesday, January 5, 2010
~~**OPTION CE:** Tuesday, January 26, 2010~~ **FULL**
OPTION CF: Tuesday, February 9, 2010
OPTION CG: Tuesday, February 23, 2010
OPTION CH: Tuesday, March 9, 2010
OPTION CI: Tuesday, March 23, 2010

AUBURN RIVERSIDE HIGH SCHOOL

INSTRUCTOR: Chris Tucker
LOCATION: Room 710
TIME: Test Out Between 3 and 6 p.m.

OPTION C1: Tuesday, September 22 2009
OPTION C2: Tuesday, October 13, 2009
OPTION C3: Tuesday, November 24, 2009
OPTION C4: Tuesday, December 15, 2009
OPTION C5: Tuesday, January 19, 2010
OPTION C6: Tuesday, February 2, 2010
OPTION C7: Tuesday, March 30, 2010

CLASS LIMIT: 20 MAXIMUM - AUBURN SCHOOL DISTRICT EMPLOYEES ONLY

COURSE: 3242C-Adult CPR

PRE-REGISTRATION: **NOTE: You must register through the Athletics Department by sending in the registration form below. Phone registrations and walk-ins will not be accepted. If you have any questions, call (253) 931-4999.**

Due to this session being a test-out format, there will be no credit or clock hours



CPR/FIRST AID CHALLENGE

Please email Kendra Schadel (kschadel@auburn.wednet.edu) or return this form to CPR/First Aid, Athletic Department in the Administration Building. If you need to cancel your registration, please call 4999 **promptly**, as there may be people on a waiting list.

Name _____

School _____

Phone Numbers: Work: _____ Home: _____

Class Option: _____ Coach at: _____