



Rockville Swim and Fitness Center

CPR/AED for the Professional Rescuer & First Aid Class Schedule Winter-Spring 2026

CPR/AED for the Professional Rescuer and First Aid

The American Red Cross CPR/AED for the Professional Rescuer and First Aid program helps to train professional-level rescuers recognize and respond appropriately to cardiac, breathing, and first aid emergencies in adults, children and infants. The courses in this program teach the knowledge and skills needed to give immediate care to an injured or ill person and to decide whether advanced medical care is needed. This class is geared towards those working in the recreation / fitness industry, health professionals, technicians, lifeguards, daycare employees, camp counselors, babysitters, parents, and anyone responsible for the care of someone else. Attendance at all class sessions is required.

CPR/AED for the Professional Rescuer and First Aid Training Course (Materials included)	\$135.00
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REGISTRATION INFORMATION:

Fill out the attached registration form. You can register **in person** at any City of Rockville Recreation and Parks Facility, **on-line** at www.rockvillemd.gov/registration, **by fax** (240-314-8659), or **by mail** (355 Martins Lane Rockville MD 20850). Payment is due at the time of registration. If you have any questions, please call the Rockville Swim and Fitness Center at 240-314-8750 or email: swimcenter@rockvillemd.gov. Make checks payable to: "The City of Rockville".

CPR/AED for the Professional Rescuer and First Aid Course # 38903

Day	Date	Time
Online learning component required to be completed before 2/15. Online link to be distributed to students via email.		
Sunday	2/15/26	1:00pm-7:00pm

CPR/AED for the Professional Rescuer and First Aid Course # 38902

Day	Date	Time
Online learning component required to be completed before 5/3. Online link to be distributed to students via email.		
Sunday	5/3/26	1:00pm-7:00pm

CPR/AED for the Professional Rescuer and First Aid Course # 38901

Day	Date	Time
Online learning component required to be completed before 3/15. Online link to be distributed to students via email.		
Sunday	3/15/26	1:00pm-7:00pm

CPR/AED for the Professional Rescuer and First Aid Course # 40354

Day	Date	Time
Online learning component required to be completed before 6/13. Online link to be distributed to students via email.		
Sunday	6/14/26	1:00pm-7:00pm

CPR/AED for the Professional Rescuer and First Aid Course # 38904

Day	Date	Time
Online learning component required to be completed before 4/26. Online link to be distributed to students via email.		
Sunday	4/26/26	1:00pm-7:00pm

Online Learning Component:

All classes include an online learning component which must be completed before the in-person class. Online link to be distributed to students via email.

You **MUST** be able to attend all classes as scheduled for your selected course.



Rockville Swim and Fitness Center
355 Martins Lane
Rockville MD 20850
240-314-8750
www.rockvillemd.gov/swimcenter



***Required Info | Info Requerida**

Check here if this is a new address, phone number or email address. Marque aquí si esta es una dirección nueva, teléfono o dirección de correo electrónico. Por favor imprima. Esta formulario puede ser reproducido.
Please print. This form may be copied.

Contact Information | Información del contacto

Last Name Apellido*	First Name Nombre*	Birthday Fecha de nacimiento (mm/dd/yy)*	Email*
Address Dirección*		City Ciudad*	State Estado* Zip Código postal*
Home Phone Teléfono de Casa*		Work Phone Teléfono de Trabajo	Cell Phone Celular

Emergency Contact | Contacto de Emergencia

For participants under 18 | Participante menor de edad

Name Nombre*	Relationship Relación*	Phone Teléfono*
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Participant's Name (Last, First) Apellido y Nombre del Participante	Birthday (mm/dd/yy) Fecha de Nacimiento (mm/dd/yy)	Sex Sexo	Activity Name Nombre de la Actividad	Activity Number Número	School Attending Escuela a la que asiste	Grade Grado	Fees* Costo*

Rec Fund Fondo de rec.: \$ _____	Sr. Ctr. Mem Centro de Ancianos: \$ _____	Multi-Course Discount Descuento por asistencia a varios cursos: \$ _____
\$10 _____ \$25 _____ \$50 _____	Other \$ _____	Contribution to Recreation Fund Youth Scholarship Contribución adicional al Fondo de recreación: \$ _____

Processed by:	Date Processed:	Total Paid: \$	Total Amount Due: Cantidad Total:
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Program Modifications: Participants with disabilities should contact our office prior to activity.

Payment | Pago

Name on Card Nombre en la tarjeta	Credit Card Number Número en la Tarjeta de Crédito	Security Code Código de Seguridad	Expiration Date Fecha de Expiración
Payer Address (If different than above) Dirección del Pagador (si es diferente que la de arriba)			
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		City Ciudad	State Estado Zip Código Postal
Cardholder Signature Firma del Dueño de la Tarjeta			

Release, Waiver, Assumption of Risk and Consent | Descargo y exención de responsabilidad, asunción de riesgos y consentimiento

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program.

Participación en el programa puede ser una actividad peligrosa. Participante no debe participar en el programa a menos que el participante está en buena forma física y es médicamente capaz. Participantes (o padre o tutor en nombre de un participante menor de edad) asume todos los riesgos asociados con la participación en este programa, incluyendo pero no limitado a, los generalmente asociados con este tipo de programa, los riesgos de viajar en las vías públicas, de accidentes, de enfermedad y de las fuerzas de la naturaleza. Teniendo en cuenta el derecho a participar en el programa y en consideración del acuerdo por el participante por el Alcalde y Consejo de Rockville a través de su Departamento de recreación y parques para comida, viajes y recreación, el participante, sus herederos y ejecutores, o un padre o tutor en nombre de un hijo menor de edad pudiera derivarse de o como resultado de la participación en el programa. El participante (o el padre o tutor en nombre de un participante menor de edad) concede el permiso de un médico o un técnico médico de emergencia administrar tratamiento de urgencia de la participante y consiente al uso de la ciudad de fotografías o videos del programa que incluyen al participante. Ni el instructor ni ninguno de el personal es responsable de los participantes antes o después del programa.

* Signature of Participant/Guardian | Firma del participante/tutor _____