

ARC OF THE SUSQUEHANNA VALLEY
AQUATICS CLASS REGISTRATION AND EQUIPMENT ORDER FORM

Equip. PICK UP Date & Time: _____ Send form to your Pick Up Location:	Equip. RETURN Date & Time: _____ _____
<input type="checkbox"/> Lancaster Office PO Box 4624 Lancaster, PA 17604 Fax: 717-299-8950	<input type="checkbox"/> Capital Region Office PO Box 5740 Harrisburg, PA 17110 Fax: 717-257-1832
	<input type="checkbox"/> Mifflin/Juniata Office PO Box 229 Lewistown, PA 17044 Fax: 717-248-4787

Authorized Provider Name: _____	Course Being Held: _____
Contact Name: _____	Phone #: _____
	E-mail: _____
Billing Address: _____	City: _____
	State: _____
	Zip: _____
Instructors (Please list): _____	
Class Location (if different from above): _____	

Class Dates and Times: _____

Number of Participants: _____

Is this course open to the public? Yes No

If course is open, please list procedure for registration: (including contact person and phone number): _____

SPECIAL INSTRUCTIONS:

RENTAL EQUIPMENT	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/> Adult Manikins	<input type="checkbox"/>	<input type="checkbox"/> Masks	<input type="checkbox"/>	<input type="checkbox"/> Lifeguard Management	<input type="checkbox"/>	<input type="checkbox"/> LTS Cert Level 1		
<input type="checkbox"/> Child Manikins	<input type="checkbox"/>	<input type="checkbox"/> Fins (List Sizes Above)	<input type="checkbox"/>	<input type="checkbox"/> Swim Coach Safety	<input type="checkbox"/>	<input type="checkbox"/> LTS Cert Level 2		
<input type="checkbox"/> Infant Manikins	<input type="checkbox"/>	<input type="checkbox"/> Snorkels	<input type="checkbox"/>	VIDEOS	<input type="checkbox"/>	<input type="checkbox"/> LTS Cert Level 3		
<input type="checkbox"/> Mouthpieces	<input type="checkbox"/>	<input type="checkbox"/> Airway Manikin	<input type="checkbox"/>	<input type="checkbox"/> Teaching Swimming	<input type="checkbox"/>	<input type="checkbox"/> LTS Cert Level 4		
<input type="checkbox"/> Manikin Wipes	<input type="checkbox"/>	<input type="checkbox"/> Suction Device	<input type="checkbox"/>	<input type="checkbox"/> Whale Tales	<input type="checkbox"/>	<input type="checkbox"/> LTS Cert Level 5		
<input type="checkbox"/> AED Trainers	<input type="checkbox"/>	<input type="checkbox"/> Wood Back Board	<input type="checkbox"/>	<input type="checkbox"/> Guardstart	<input type="checkbox"/>	<input type="checkbox"/> LTS Cert Level 6		
<input type="checkbox"/> Paper AED Trainers	<input type="checkbox"/>	<input type="checkbox"/> Non-Wood Back Board	<input type="checkbox"/>	<input type="checkbox"/> Swimming & Diving	<input type="checkbox"/>			
<input type="checkbox"/> BVM	<input type="checkbox"/>	<input type="checkbox"/> Water Dolls/Sarah's	<input type="checkbox"/>	<input type="checkbox"/> Lifeguard Training (2)	<input type="checkbox"/>			
<input type="checkbox"/> PFD (List Sizes Above)	<input type="checkbox"/>	<input type="checkbox"/> Kid Kelly	<input type="checkbox"/>	<input type="checkbox"/> O2 Administration	<input type="checkbox"/>			
<input type="checkbox"/> Rescue Tubes	<input type="checkbox"/>	<input type="checkbox"/> SAM	<input type="checkbox"/>	<input type="checkbox"/> AED Essentials	<input type="checkbox"/>			
<input type="checkbox"/> Diving Ring	<input type="checkbox"/>	RESALE EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/> PDT	<input type="checkbox"/>			
<input type="checkbox"/> Diving Brick	<input type="checkbox"/>	<input type="checkbox"/> Rescue Masks	<input type="checkbox"/>	<input type="checkbox"/> Other (List Above)	<input type="checkbox"/>			
<input type="checkbox"/> Throw Bags	<input type="checkbox"/>	<input type="checkbox"/> FA Bandage Packs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Kick Board	<input type="checkbox"/>	<input type="checkbox"/> CPR Training Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Small Kickboards	<input type="checkbox"/>	BOOKS	<input type="checkbox"/>	PAPERWORK	<input type="checkbox"/>			
<input type="checkbox"/> Paddle Boards	<input type="checkbox"/>	<input type="checkbox"/> Swimming & Water Safety Manual	<input type="checkbox"/>	<input type="checkbox"/> Course Record	<input type="checkbox"/>			
<input type="checkbox"/> Noodles	<input type="checkbox"/>	<input type="checkbox"/> Basic Water Rescue	<input type="checkbox"/>	<input type="checkbox"/> Course Record Add.	<input type="checkbox"/>			
<input type="checkbox"/> Foam Cubes	<input type="checkbox"/>	<input type="checkbox"/> Swimming & Diving	<input type="checkbox"/>	<input type="checkbox"/> WS Activity Report	<input type="checkbox"/>			
<input type="checkbox"/> Barbells	<input type="checkbox"/>	<input type="checkbox"/> Lifeguard Training	<input type="checkbox"/>	<input type="checkbox"/> LG Activity Report	<input type="checkbox"/>			
<input type="checkbox"/> Hula-Hoops	<input type="checkbox"/>	<input type="checkbox"/> Guardstart	<input type="checkbox"/>	<input type="checkbox"/> LG Progress Log	<input type="checkbox"/>			
<input type="checkbox"/> Water Cravats	<input type="checkbox"/>	<input type="checkbox"/> Whale Tales	<input type="checkbox"/>	<input type="checkbox"/> WS Evaluations	<input type="checkbox"/>			
<input type="checkbox"/> Splints	<input type="checkbox"/>	<input type="checkbox"/> Raffy Learns to Swimm	<input type="checkbox"/>	<input type="checkbox"/> Health Precaution Sht.	<input type="checkbox"/>			
<input type="checkbox"/> Ring Buoy	<input type="checkbox"/>	<input type="checkbox"/> Waddles in the Deep	<input type="checkbox"/>	INSTRUCTOR MATERIALS	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Water Safety IM	<input type="checkbox"/>	<input type="checkbox"/> Safety Training IM	<input type="checkbox"/>	<input type="checkbox"/> LGI IT Box		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lifeguard Training IM	<input type="checkbox"/>	<input type="checkbox"/> Guardstart Leader's Kit	<input type="checkbox"/>	<input type="checkbox"/> WSI IT Box		

I agree to be responsible for the equipment listed above and return it in good condition to the ARC of the Susquehanna Valley by the return date and time listed above. I agree to report any problems or defects in writing upon return of the equipment.

Signature _____	Date _____	Signature _____	Date _____
(Received)		(Returned)	