



**PUPIL ACTIVITY PERMIT/COACHES FIRST AID CLASSES
CONSORTIUM REGISTRATION**

Who: School Athletic Directors register for their school
This class is approved by the Ohio Department of Education

This class **DOES NOT include CPR**

COST TO THE SCHOOL: \$200, includes all of your coaches for the 2010-2011 school year

PAYMENT: Payment **MUST** be included with the registration or a PO# provided and we will bill the school;

Checks Payable to: Summa Health System

AD/CONTACT'S NAME: _____ SCHOOL: _____

SCHOOL ADDRESS: _____

CITY: _____ ZIP: _____

EMAIL ADDRESS: _____ DAY PHONE: _____

Please return this application and checks payable to: Summa Health System:

Hollie Kozak – Sports Health
St. Thomas Hospital
444 N. Main St. – Main 3
Akron, OH 44310

June 2010