



**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 2009-2010 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

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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

April 2009