



Wilderness First Aid Training Weekend

A full weekend to help prepare you for Emergencies
Camp Brule - April 20-22, 2018



Your Council Training Committee invites you to participate in a full weekend of *First Aid Training* designed to prepare you for many of the emergencies that may occur while on a Unit Campout or Trip, or even at a Unit meeting. The various trainings offered will cover a wide range of potential situations that you and your unit may face. The trainings will be conducted by an ECSI Certified Trainer. You must be at least 14 years of age to attend.

The certifications which will be earned upon the completion of this weekend include:

- ✧ Wilderness First Aid (2 year certification)
- ✧ Adult CPR with Automated External Defibrillator (AED) (2 year certification)
- (If you hold a current ARC or AHA certification, bring your card. You need not recertify and can report 8am, Sat 4/22.)
- ✧ Epi-Pen (2 year certification)
- ✧ Asthma Inhaler (2 year certification)

Materials to bring: Notebook, Pencil or pen, Backpack, Tent (you will be camping outdoors both nights), personal clothing, toiletries, towel, and other items you see fit.

A current BSA Medical Form (parts A, B & C) available on the Council Website is required.

This course is being held at Camp Brule from 7:00PM 4/20/18 to 10:00AM 4/22/18.

The **EARLY BIRD** fee of \$70.00 must be received by Monday, 3/26/18. **AFTER** that date, the fee is \$90.00 per person. NO Registrations will be accepted after 4/7/2018.

For questions contact: Kelsey Seymour, Course Director, 570-439-7109
k3lsy.hom@gmail.com

On-Line Registration is Encouraged! www.fiverivers.org/training

===== CUT AND RETURN =====

Wilderness First Aid Training on 4/20-4/22 at Camp Brule.



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A MINIMUM OF 6 PARTICIPANTS IS REQUIRED. LESS THAN 6, REFUNDS WILL BE ISSUED AND THE COURSE CANCELLED. THIS COURSE IS LIMITED TO A MAXIMUM OF 20 PARTICIPANTS!
NO REFUNDS AFTER 4/7/17.

Registration Fee: \$90 Regular Fee \$70 Early Bird Fee by Monday, 3/26/18.

Name: _____ Troop: _____ Position: _____

Address: _____ Email Address: _____

City/State/Zip: _____

Home Phone: _____ Cell / Work Phone: _____

Please note, I have a food allergy for: _____

Payment method: Name on Card: _____ Exp. Date: _____

Visa MC American Exp. Card #: _____

Check Charge Unit Account (Unit Authorization Given)

Mail to: Five Rivers Council, BSA, MEGA Weekend Registration,
3300 Chambers Rd., Suite 5190, Horseheads, NY, 14844

or Fax to: 607-796-5101