

Mental Health First Aid Standard  
Registration Form



Box 299  
Bassano Alberta  
T0J0B0  
(403)641-3788  
fcss@bassano.ca

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_

<input type="checkbox"/>	Standard Mental Health First Aid	\$110
--------------------------	----------------------------------	-------

Cash     Cheque – Town of Bassano     E-Transfer- town@bassano.ca

**Minor Waiver**

I am the parent or guardian of someone under 18 years of age who wishes to attend the Mental Health First Aid Standard training and I give my consent for them to participate. I understand I am assuming full liability on behalf on the minor individual.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_