

# ODE PUPIL ACTIVITY FIRST AID/CPR Course Ohio High School Baseball Coaches Association

Saturday January 21, 2017  
Hyatt Regency, Columbus, Ohio

8:30 – 10:30 a.m. Pupil Activity      10:30 – 12:30 p.m. CPR

## Registration Information:

Pupil Activity First Aid Applicants can either register by mailing back the form or register at the door.

CPR Applicants must be **PRE-REGISTERED** for the CPR class. This class is limited. Registration must be received by Wednesday January 18, 2017

**NO WALKINS ACCEPTED – If class fills before registration deadline you will be notified.**

## Payment must be received with Registration

Registration forms can be mailed to:  
Ontario High School  
Attn: Kris Knapp  
467 Shelby-Ontario Rd.  
Mansfield, Ohio 44906

## Questions:

Contact Kris Knapp @ 529-3969 ext. 51415  
email [knapp.kris@ontarioschools.org](mailto:knapp.kris@ontarioschools.org)

## 3301-27-01 Qualifications to Direct, Supervise or Coach a Pupil Activity Program

*FINGERPRINTS -BCI and FBI checks are valid for 365 days from the date the check was completed. ALL applicants are required to submit an Ohio BCI civilian background check AND a FBI background check from the Federal Bureau of Investigation. The Ohio Department of Education is not able to accept paper reports. All background check reports must be submitted to this office via electronic submission directly from the Ohio Bureau of Criminal Investigation.*

## Additional Coaching Requirements to coach in the State of Ohio – verified by the hiring authority

- Successful completion of an approved cardiopulmonary resuscitation (CPR) training course evidenced by a currently valid certificate;
- Completion of the [National Federation of State High School Associations](#) (NFHS) fundamentals of coaching class (one time only).
  - Concussion Training
  - BCI/FBI Fingerprint

## Registration

Pupil Activity First Aid Course Only	\$25.00
CPR Course	\$25.00

\*\*\*No Refunds\*\*\*

FIRST NAME \_\_\_\_\_

MID INITIAL \_\_\_\_\_

LAST NAME \_\_\_\_\_

LAST 4 DIGITS S.S. ## \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIPCODE \_\_\_\_\_

SCHOOL DISTRICT COACHING AT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

## Please Indicate Session(s) and Location Sessions @ Hyatt Regency Hotel \_\_\_\_\_

Saturday January 21, 2017

Pupil Activity Clinic	\$20.00	_____
CPR Course	\$20.00	_____

Please indicate which sessions you are attending and include payment with applications. All checks should be made to Ontario Sports Medicine.

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**MAKE ALL CHECKS PAYABLE TO ONTARIO SPORTSMEDICINE – Office Use**

Check Number \_\_\_\_\_ Cash \_\_\_\_\_