

Sport Physiotherapy Canada

Presents:



Sport First Responder

**in
Toronto**

March 19-21, 2010



Authorized Provider

COURSE INFORMATION:

This is a 3-day **lecture and practical** course (2 days for those requiring recertification only) that meets the requirements of the Canadian Red Cross Society and Sport Physiotherapy Canada for First Responder Certification.

The examples/scenarios used will be sport-specific to enhance the learning of all participants with regard to event coverage situations (whether planning to challenge the SPC Certificate/Diploma exams or not).

At the end of the course, the participant will:

- Complete a standardized written exam to meet national Canadian Red Cross standards
- Have an enhanced ability to respond to emergency situations on-site (ie: head injuries, bleeds, fractures)
- Be trained to use oxygen and an Automated External Defibrillator
- Be able to transfer players onto spinal boards effectively (including rolls)

**Please note that First Responder Certification must be renewed every 3 years*

INSTRUCTOR:
Agnes Makowski
Chairperson – SPC
amakowski@rogers.com

REGISTRATION INFORMATION:

Course fees:

SPC Members:

\$425 (plus \$21.25 GST) - full course

\$300 (plus \$15.00 GST) - recert

*** Sport Medicine Partners***

CASM/CATA/CSMTA members

welcome at SPC member pricing

Non-member Fees:

\$500 (plus \$25.00 GST) – full course

\$375 (plus \$18.75 GST) – recert

*Course fees covers course instruction and course syllabus. Lunch is on your own. Cancellation fee is \$100 accepted up to one week prior to course, after which point no refund is granted.

Registration Deadline:

March 12, 2010

Register early – space is limited

Please make **cheques payable** to :
Sport Physiotherapy Canada

Course Dates & Times:

Mar. 19, 2010 – 12 noon – 8pm

Mar. 20&21, 2010 – 8:30am – 4:30pm

Course Location:

Women's College Hospital
Sport C.A.R.E.
76 Grenville Street, 10th Floor
Toronto, ON

REGISTRATION FORM Sport First Responder

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

___ Full Course OR ___ Recert

___ SPC (CPA) Member # _____

___ CASM/CATA/CSMTA Member

Fees Submitted:

Registration fee: \$ _____

GST \$ _____

Total Fee \$ _____

Please send registration form and cheque to:

Sport Physiotherapy Canada
1411A Carling Avenue
Suite # 416
Ottawa, ON K1Z 1A7