

Sport Physiotherapy Canada

Presents:



Sport First Responder

**in
Toronto**

****NEW DATE**
October 15-17, 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
Past Chairperson – SPC

REGISTRATION INFORMATION:

Course fees:

SPC Members:

\$450 (plus \$58.50 HST) - full course

\$325 (plus \$42.25 HST) - recert

Non-member Fees:

\$500 (plus \$65.00 HST) – full course

\$385 (plus \$50.05 HST) – recert

*Course fees covers course instruction and course syllabus. Lunch is on your own. Cancellation fee is \$100 accepted up to **two** weeks prior to course, after which point no refund is granted. Pocket masks are needed for the course and available for \$20.00 plus HST (\$2.60).

Registration Deadline:

September 30, 2010

Register early – space is limited

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

Course Dates & Times:

October 15, 2010 – 12 noon – 9pm

Oct. 16 & 17, 2010 – 8:30am – 5:30pm

Course Location:

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

REGISTRATION FORM Sport First Responder Toronto October 15-17, 2010

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

____ Full Course OR ____ Recert

____ SPC (CPA) Member # _____

Fees Submitted:

Registration fee: \$ _____

Pocket Mask \$ _____

HST (total) \$ _____

Total Fee \$ _____

Please send registration form and cheque to:

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