

NJCDCA Safety Certification Registration Form

Coach (last): _____ (first) _____ (MI) _____

Address: _____ Male Female

City _____ State: _____ Zip _____ Birth date ____/____/____

Phone: _____ Email: _____

School/ Program: _____

School Address _____

City _____ State: _____ Zip _____ Phone _____

Personal Information

Were you previously AACCA Certified? YES NO

Category(s): Please mark all that apply:

- High School Coach Judge Jr High/ Middle School Coach
Administrator Cheerleader All Star Team Coach
Youth Coach Parent School Nurse

Other: _____

Select Program(s):

_____ American Red Cross CPR Course 9:00 AM- 10:30 AM \$50

_____ AACCA 10:30 AM—3:30 PM Full Course & Test \$75

_____ NCSSE 10:30 AM—4:00 PM 2 Courses in this Session \$55 each
Stunting & Tumbling I and Stunting & Tumbling II

You must register for NCSSE online by visiting by www.spiritsafety.com
Make checks payable to NCSSE

_____ New Coaches Round Table

Except for NCSSE Make Checks payable to NJCCA

★ Mail Registration & Payment to:

Jo Anne Poppe
NJCDCA Education Coordinator
2037 Lakeside Drive West
Highland Lakes, NJ 0742

TOTAL Enclosed: _____ Form of Payment: Check Purchase Order