



Appalachian State University
University Recreation, Aquatics
Certified Pool Operator Registration Form

Name: _____ Age: ____ Email: _____

Phone: Day: (____) _____ Evening: (____) _____ Cell: (____) _____

Mailing Address: _____

CITY _____ STATE _____ ZIP _____
 Semester (Circle One) Fall Spring Summer Year _____ Session _____ Start Date _____

Check One : CPO 2 Day Class CPO Primer CPO Fusion CPO Recertification

2-Day CPO® Certification Course

The CPO® certification program can be taken as a two-day class that covers 14-16 hours of information from the NSPF® Pool & Spa Operator™ Handbook (provided) and local codes taught by an NSPF® Instructor. This dynamic setting offers direct interaction with an instructor and fellow students. Pass the open book exam and earn CPO® certification.

-OR-

Pool Operator Primer™ + and Pool Operator Fusion™

Pool Operator Primer™:

Interactive, online course that follows the included Pool & Spa Operator™ Handbook. Successful completion of all 8 lessons earns a Record of Completion.

Pool Operator Fusion™:

If you have a Pool Operator Primer™ Record of Completion, this one day class, offered by an NSPF® Instructor, will fulfill the requirements for CPO® Certification. This class can either be *the second day of any regular course* or a *stand-alone Fusion™ Course*. Contact an Instructor near you for details.

REFUND POLICY

Cancellation less than 48 hours will result in 50% deposit nonrefundable and 100% nonrefundable after the start of the class.

Medical Treatment Form / Indemnity Agreement (Parent or Guardian must complete if under 18 years old)

I hereby authorize any medical treatment which may be advised/recommended by the attending physician while at Appalachian State University. I acknowledge and understand that by participating in CPO, the possibility exists that I or my son/daughter may sustain physical illness/injury (minimal, serious, catastrophic), in connection with this activity. I indemnify and hold harmless Appalachian State University and its representatives, from any claims for personal illness or injury that I (my son/daughter) may sustain during CPO courses. I also give my permission to utilize any photographs taken during participation for promotional purposes.

Signature: _____ Date: _____

Participant

COURSE TITLE	Student (Valid AppCard)	Faculty/Staff (Valid AppCard)	Public
CPO 2 Day Class	\$200	\$225	\$250
CPO Primer	\$100	\$125	\$125
CPO Fusion	\$75	\$80	\$90
Recertification	\$50	\$50	\$50

