

2009 Richmond Heights Lifeguard Class Registration Form

Session Dates/Schedule:

Sunday, June 28: Swimming Test, 6 pm-7:30 pm
Monday, June 29: Classroom only, 6 pm-9 pm
Tuesday, June 30: Classroom & pool, 6 pm-9 pm
Wednesday, July 1: Classroom & pool, 6 pm-9 pm
Thursday, July 2: Classroom only, 6 pm-9 pm (first aid)
Friday, July 3: CPR #1, 9 am-12 pm
Saturday, July 4: No class—study CPR
Sunday, July 5: CPR #2, 9 am-12 pm
Monday, July 6: Classroom & pool, 6 pm-9 pm (deep water)
Tuesday, July 7: Classroom & pool, 6 pm-9 pm (deep water)
Wednesday, July 8: No class—study/practice for test
Thursday, July 9: Test Day, classroom & pool, 6 pm-9 pm
Monday, July 13: Re-Test Day



CLASS FEE

Richmond Heights Residents: \$200

Non-Residents: \$220

Participant MUST be 15 years old by July 13, 2009

Participant's Name: _____

Age: _____ Birth Date _____ (xx/xx/xxxx) Male or Female (circle one)

Address: _____

Home Telephone () _____ Cell: () _____

Parent/Guardian Name: _____

Parent/Guardian Address (if different from above):

Emergency contact Name and Number: _____

() _____

Participant will need to swim 300 yards continuously and be able to retrieve a brick from deep water in order to complete this class. **NO REFUNDS!!**

I/We, the parents/guardian of the above participant, hereby give my/our approval for participation in the Lifeguarding class. I/We assume all risks and hazards incidental to the conduct of the activity. I/We hereby release, absolve and hold harmless the City of Richmond Heights and any or all of the Richmond Heights Pool Staff and Instructors. I/We hereby waive all claims against managers and supervisors. I/We will furnish a certified birth certificate on the above participant upon request.

In case of injury, I/We the parents/guardian of the above named participant will assume full responsibility for any claims resulting from injury. I/We further grant permission for medical treatment in the event of an emergency.

Signature of Parent/Guardian _____ Date _____