

American Red Cross - 2015 Lifeguard Registration Form

~PLEASE WRITE LEGIBLY~

Name _____

Address _____ City _____ St. _____ Zip _____

Student Cell _____ Parent's Cell _____ E-mail _____

D.O.B. ___/___/___ Gender: Male or Female Parent or Guardian name (if minor) _____

Circle class chosen: Feb. 20/21/22 March 24/25/26 April 10/11/12 April 24/25/26 May 15/16/17 May 29/30/31

Tue/Wed/Thur class times are 5pm – 9pm daily * Fri/Sat/Sun class times: Friday 5pm – 8pm Sat. & Sun. 9am – 3pm

Lifeguard review dates: Jan. 21 Feb. 18 March 11 April 15 May 13 * Class times are 5pm – 9:30 pm

Lifeguard class registration fee is \$300 * Lifeguard review class registration fee is \$200

List any allergies, medications, physical or mental disabilities which may hinder performance: _____

Physician _____ Phone # _____

I _____, acknowledge and agree that to become a Lifeguard candidate, I have read, understand and comply with all Lifeguard Course prerequisites to include but not limited to:

1. Minimum of 15 years of age
2. Medical clearance
3. 300 yard continuous swim
4. Dive to a min. of 10 feet & retrieve 10 lbs.

I further acknowledge and agree that upon successful demonstration of the course prerequisites, I must also successfully complete training for CPR certification, First Aid certification, simulated emergency scenario evaluations and the required mental and physical skills necessary to become a certified Red Cross Lifeguard. **All forms and agreements must be signed and payment made to The Dive Shop before a participant will be placed on the class roster. No Exceptions! Once a class date is chosen, there will be a \$50.00 fee to move to a different class date. There will be no refunds within 10 days of starting date. There is no refund for failure to complete the prerequisites or other class requirements.** If you have questions please contact The Dive Shop at (501) 666-3483.

Student initials _____ Parent's/Guardian's initials (if minor) _____

WAIVER and RELEASE of LIABILITY STATEMENT

Please read the following carefully. No child or adult will be admitted into any American Red Cross and/or Dive Shop aquatics (Lifeguard) program if this document is not signed by the student and parent or legal guardian if student is a minor. Through execution of this instrument, I hereby release, waive, discharge and agree not to sue the American Red Cross and/or The Dive Shop, its officers, instructors, agents or employees (the Releasees) from all liability to myself, my personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and claim or demands therefore on account of injury to my person or property or resulting in death, now and forever, arising out of or related to participation and/or instruction in said course, activities, or any other related diving operations that may occur, whether caused by the negligence of the Releasees or otherwise. I understand that I am responsible for all medical insurance and the participant or participant's parent or legal guardian must cover any medical costs incurred. I further understand that every precaution is taken to protect the safety of every participant. I agree to emergency treatment at a hospital or by a physician in the event that such treatment becomes necessary.

Student Signature: _____ Parent/Guardian Signature (if minor): _____