



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# TAKE A STAND!

## BE A LEADER, BE A LIFEGUARD

### Lifeguard Training Complete Courses & Recertification Courses HARRISON FAMILY YMCA

These courses teach lifeguards the skills and knowledge needed to prevent and respond to aquatic emergencies. Courses include First Aid, AED training, Water Rescue Skills, and CPR for the professional rescuer. After successful completion of the course, the individual will be a certified lifeguard. Please bring a snack or lunch. **Flip to the back for this year's dates and registration form.**



**LOCATION:** Harrison Family YMCA

#### COMPLETE COURSE FEES:

**Without book (student download):** \$210

Pocket Mask is included in price.

Lifeguarding participant manual can be downloaded at <https://www.redcross.org/take-a-class/lifeguarding/lifeguard-preparation/lifeguard-manual>

You can print it or bring your laptop, tablet, etc.

#### RE-CERTIFICATION COURSE FEES:

**Y Member:** \$100

**Community participant:** \$110

**Pocket Mask:** \$15 or provide your own.

Lifeguarding participant manual can be downloaded at <https://www.redcross.org/take-a-class/lifeguarding/lifeguard-preparation/lifeguard-manual>

You can print it or bring your laptop, tablet, etc.

#### PRE-REQUISITES:

- Minimum age 15, Swim 300 yards continuously demonstrating breath control and rhythmic breathing. Candidates may swim using the front crawl, breaststroke or a combination of both but swimming on the back or side is not allowed. Swim goggles may be used.
- Tread water for 2 minutes using only the legs. Candidates should place their hands under their armpits.
- Complete a timed event within 1 minute, 40 seconds:
  - Starting in the water, swim 20 yards. The face may be in or out of the water. Swim goggles are not allowed.
  - Surface dive, feet-first or head-first, to a depth of 7 to 10 feet to retrieve a 10-pound object.
  - Return to the surface and swim 20 yards on the back to return to the starting point with both hands holding the 10 pound object and keeping the face at or near the surface so they are able to get a breath. Candidates should not swim the distance underwater.
  - Exit the water without using a ladder or steps.
- American Red Cross Certification Requirements: attend all class sessions; demonstrate competency in all required skills, demonstrate competency in 3 final skill scenarios, and correctly answer at least 80% of the questions on the final written exams.

## COURSE SCHEDULE (No classes in October or September)

### November: Complete Lifeguard Certification Course

-Monday, October 30th - Thursday, November 2nd 4:00pm - 7:30pm  
-Monday, November 6th - Thursday, November 9th 4:00pm - 7:30pm  
Instructor: Kaila Billups

### December: Lifeguard Recertification Course

-Saturday, December 16th 8:00am - 5:00pm  
Instructor: Beverly Biancur

### January: Complete Lifeguard Certification Course

-Friday, January 19th 4:00pm - 6:00pm  
-Saturday, January 20th 8:00am - 5:00pm  
-Sunday, January 21st 1:00pm - 5:00pm  
-Saturday, January 27th 8:00am - 5:00pm  
-Sunday, January 28th 1:00pm - 5:00pm  
Instructor: Yvonne Wilkins

### February: Lifeguard Recertification Course

-Saturday, February 10th 8:00am - 5:00pm  
Instructor: Beverly Biancur

### March: Complete Lifeguard Certification Course

-Monday, March 12th - Thursday, March 15th 4:00pm - 7:30pm  
-Monday, March 19th - Thursday, March 22nd 4:00pm - 7:30pm  
Instructor: Carolyn Hartney-Correa

### April: Lifeguard Recertification Course

-Saturday, April 14th 8:00am - 5:00pm  
Instructor: Kaila Billups

### May: Complete Lifeguard Certification Course

-Monday, May 14th - Thursday, May 17th 4:00pm - 7:30pm  
-Monday, May 21st - Thursday, May 24th 4:00pm - 7:30pm  
Instructor: Beverly Biancur

### June: Complete Lifeguard Certification Course

-Monday, June 11th - Thursday, June 14th 9:00am - 4:00pm  
Instructor: Carolyn Hartney-Correa

### July: Lifeguard Recertification Course

-Saturday, July 14th 8:00am - 5:00pm  
Instructor: Carolyn Hartney-Correa

### August: Lifeguard Recertification Course

-Friday, August 10th 8:00am - 5:00pm  
Instructor: Yvonne Wilkins

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## REGISTER HERE

First and Last Name \_\_\_\_\_

D/O/B \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please check which course you are registering for below:

- |  |  |
|--|--|
| <input type="checkbox"/> November: Complete Lifeguard Certification Course | <input type="checkbox"/> April: Lifeguard Recertification Course       |
| <input type="checkbox"/> December: Lifeguard Recertification Course        | <input type="checkbox"/> May: Complete Lifeguard Certification Course  |
| <input type="checkbox"/> January: Complete Lifeguard Certification Course  | <input type="checkbox"/> June: Complete Lifeguard Certification Course |
| <input type="checkbox"/> February: Lifeguard Recertification Course        | <input type="checkbox"/> July: Lifeguard Recertification Course        |
| <input type="checkbox"/> March: Complete Lifeguard Certification Course    | <input type="checkbox"/> August: Lifeguard Recertification Course      |

### WAIVER OF LIABILITY

I understand and agree that neither the Harrison Family YMCA nor co-sponsoring organizations or their respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or form compensation for any injury I or my child/ward may suffer during or resulting from my or my child/ward's participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my or my child/ward's participation in this program. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I or my child/ward can safely participate in this program and whether there are precautions or limitations to my or his/her participation.

Participant's/Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_