



## **LEARN TO SAVE LIVES**

# **Lifeguard Training Complete Class** – August 2017 **HARRISON FAMILY YMCA**





#### **DATES & TIMES:**

- Monday, August 14th from 9:00am 4:00pm
- Tuesday, August 15th from 9:00am 4:00pm
- Wednesday, August 16th from 9:00am 4:00pm
- Thursday, August 17th from 9:00am 4:00pm

**LOCATION:** Harrison Family YMCA

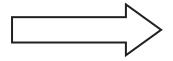
#### **FEES:**

Without book (student download): \$205

Pocket Mask is included in price.
Lifeguarding participant manual can be downloaded at <a href="http://www.instructorscorner.org/files/LG">http://www.instructorscorner.org/files/LG</a> PM digital.pdf
You can print it or bring your laptop, tablet, etc.



- 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 IO 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.





<sup>\*</sup>All session dates must be attended to receive certification\*

<sup>\*</sup>Please bring your own lunch and snacks





## **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 Phon <u>e</u>	

### **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