

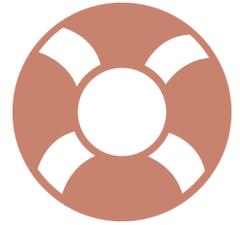


FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LEARN TO SAVE LIVES

Lifeguard Training Complete Class – June 2017 HARRISON FAMILY YMCA

Class includes: First Aid, CPR/AED for Lifeguards, Water Rescue Skills and Pocket Mask



DATES & TIMES:

- Monday, June 12th from 9:00am - 4:00pm
- Tuesday, June 13th from 9:00am - 4:00pm
- Wednesday, June 14th from 9:00am - 4:00pm
- Thursday, June 15th from 9:00am - 4:00pm

All session dates must be attended to receive certification

*Please bring your own lunch and snacks

LOCATION: Harrison Family YMCA

FEES:

Without book (student download): \$205

Y provides book: \$235

Pocket Mask is included in price.

Lifeguarding participant manual can be downloaded at

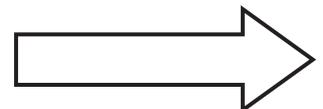
http://www.instructorscorner.org/files/LG_PM_digital.pdf

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.





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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 _____

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 _____