



LIFEGUARD CLASS REGISTRATION

Student Name _____ Age _____ DOB _____

Cell phone _____

Email address _____ @ _____

Parent/Guardian Information

Name _____

Address _____ State/Zip _____

Work Phone _____ Cell Phone _____

Emergency Contact Information

Name	Phone	Relationship
1 _____	_____	_____
2 _____	_____	_____

COURSE PREREQUISITES

1. Must be 15 years of age by the end of the course
2. Swim 300 yards alternating freestyle and breaststroke
3. Swim 20 yards and retrieve a brick from 8-foot end of pool end using a surface dive, return to surface, and swim back to starting point on your back with the brick.
4. Tread water for 2 minutes using legs only

CLASS DATES/TIMES

Class 1: March 24 – April 9

Class 2: April 12th – 19th

PAYMENT

Lifeguard Class \$125

Cash _____

Check _____

Card _____

PERMISSIONS & CONSENT RELEASE

Initial _____

PERMISSIONS

Photo Permission: Photos are periodically taken of participants and spectators in class, during a special event, in an athletic program, and at the Aquatic Center. I hereby understand and agree that these photos are for the sole use of the City of El Campo, and may be used in any City of El Campo publications, or on an official City of El Campo Web site. I further understand and agree that all photos are the property of the City of El Campo and will not be distributed to private entities.

CONSENT RELEASE

The City of El Campo Aquatic Center will not assume responsibility for any injury occurred while participating in any athletic events, parent/child events, special events, sports programs, rental times, or any related City of El Campo Aquatic Center sponsored activities. Nor will the City of El Campo Aquatic Center be responsible for any lost or stolen times while members, renters and participants and/or program participants are using City of El Campo Aquatic Center facilities on City of El Campo Aquatic Center premises. I, the undersigned for myself and for my heirs, so hereby release the City of El Campo, The El Campo Aquatic Center, and employees and agents from any and all claims for injury, loss, or damage I may suffer as a result of my participation, including any injury caused by negligence, if any, of the City of El Campo Aquatic Center, its officers, employees, agents, volunteers, or the negligence of anyone else. I understand it is my responsibility to provide for my (and other members of my family if applicable) accident and health coverage while participating in all City of El Campo Aquatic Center Activities.

Further, in case of accident, injury or sudden illness, I authorize any first aid or emergency medical care which may become necessary for my child, or myself while

in any activity or program administered by the City. Also, I authorize that my child or I may be transported to a local medical facility. If I cannot be reach in an emergency, I hereby grant permission for my child named above to receive all appropriate medical treatment necessary. By executing this document, I hereby assume, on behalf of my child, all risk of injury or loss to which he or she may be exposed.

This Agreement/waiver is valid during my membership period or during the program(s) in which my child or I are participating.

I HAVE CAREFULLY READ THIS AGREEMENT/WAIVER AND SUBMIT THAT I FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE ABOVE DEPARTMENT AND MYSELF. I HEREBY FURTHER SEWAR AND AFFIRM THAT I HAVE SIGNED THIS WAIVER OF MY OWN FREE WILL.

Signature Required of Parent/Legal Guard must sign on behalf of minor children.

1. Signature _____ Print Name _____ Date _____