

American Red Cross Lifeguard Training 2010

ALMADEN SWIM & RACQUET CLUB

Pre-requisites: Must be at least 15, be able to swim 300 yards continuously using both breaststroke and freestyle; surface dive to a minimum depth of 7 feet and bring a 10 pound brick to the surface and swim 20 yards with the brick in both hands in under 1 min. 40 sec.

****If any lifeguarding participant cannot complete the above prerequisites, they WILL NOT be allowed to continue with the course. Also, NO REFUND will be issued to those participants that are unable to complete the prerequisites on the first day of the course.**

PLEASE NOTE: Participants will also receive First Aid and CPR for the Professional Rescuer w/ AED certifications.

Fee: \$275, payable to Daniel Chapman, when reserving space. All books and materials will be provided. NO REFUNDS!

Class Location:

Almaden Swim & Racquet Club
6604 Northridge Drive
San Jose, CA 95120

Directions:

For directions visit, www.asrc.org

Questions? Please call Dan Chapman at (408) 268-8509 or email asrc2@earthlink.net

All Classes are Mandatory! Please let me know of any conflicts ahead of time. Certificates cannot be issued to anyone who misses a class. Participants must pass all skills and written tests.

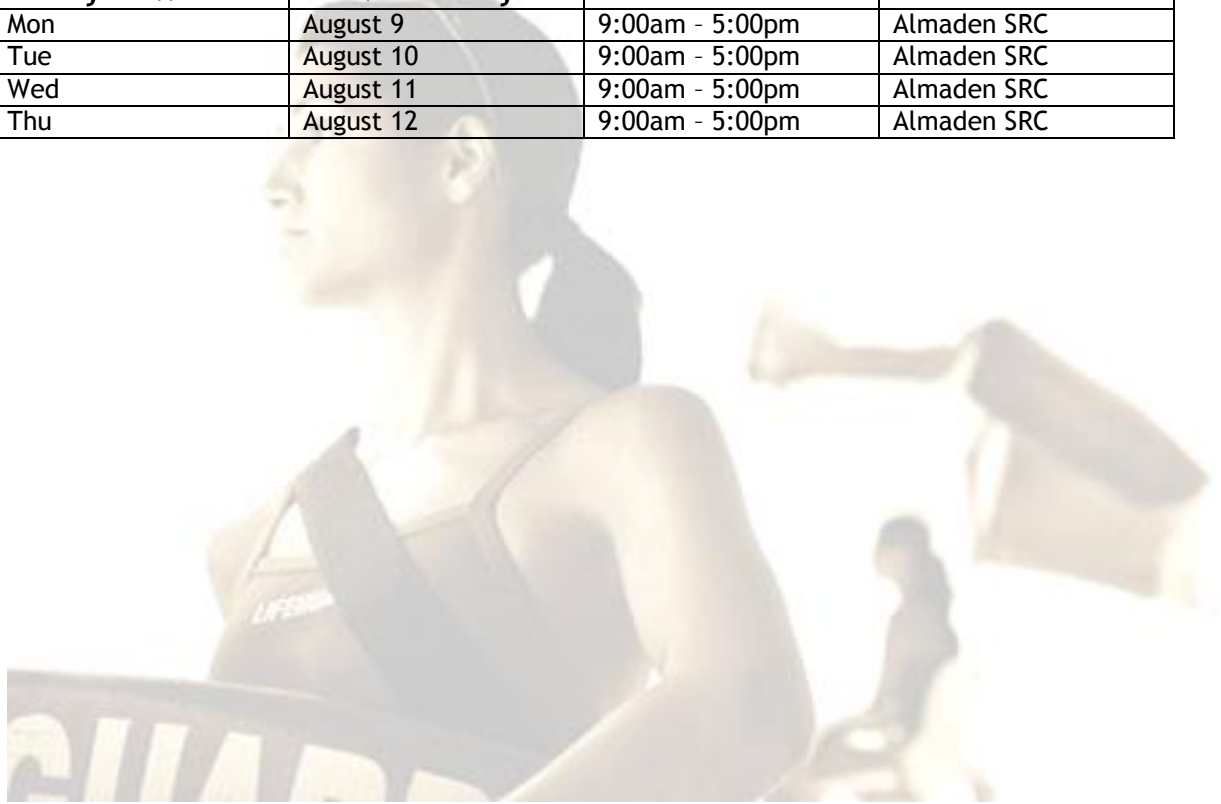
Make checks payable to Daniel Chapman. Send money and medical release form to Dan Chapman, 6604 Northridge Dr. San Jose, CA 95120



**American
Red Cross**

OPTION 1

Day of Week	Month/Day	Time	Place
Mon	August 9	9:00am - 5:00pm	Almaden SRC
Tue	August 10	9:00am - 5:00pm	Almaden SRC
Wed	August 11	9:00am - 5:00pm	Almaden SRC
Thu	August 12	9:00am - 5:00pm	Almaden SRC



PARENT/LEGAL GUARDIAN PERMISSION AND LIABILITY FORM DATE____/____/2010

OPTION 1 **OPTION 2** **OPTION 3** **OPTION 4**

American Red Cross Lifeguard Training Class or Lifeguard Training Re-Certification

STUDENTS NAME AGE _____ DATE OF BIRTH _____

ADDRESS CITY _____ ZIP _____ PHONE _____

EMAIL _____

has my permission to participate in this program conducted at the Almaden Swim & Racquet Club. To the best of my knowledge and belief, he/she is in good physical condition, is free of communicable diseases, and will be able to participate in strenuous physical activity.

Person to notify in case of emergency if Parent/Guardian IS NOT AVAILABLE:

Name _____

Business Phone _____ Home Phone _____

Personal Medical Information:

List Allergies _____ Current Medication _____

Other Pertinent Information: _____

I hereby give my consent to call a physician for medical or surgical care for my child should an emergency arise where such service is indicated. I also authorize the personnel conducting this/these class/classes to administer emergency treatment for any accident or illness. This authorization shall cover the entire period of time for which the class/classes are scheduled.

PARENT/LEGAL GUARDIAN

Signature

Print Name

Address _____ City _____ Zip _____

Business phone _____ Home phone _____

Email _____

RELEASE

I, _____, hereby agree to participate or allow my child to participate in the Red Cross Lifeguard Training or Lifeguard Training Re-Certification program. I hereby absolve, release and indemnify the Almaden Swim & Racquet Club and the instructors from any and all responsibility, liability claims or damages (or any injuries caused by any act or omission by any of them), that I or my child might receive while participating in any activity being carried on in connection with the classes.

_____ Date _____

Participant if 18 or Parent/Guardian Signature