

# Become an American Red Cross Lifeguard



Newington Parks & Recreation will be offering the new 2012 American Red Cross Lifeguarding Course. Students will learn safety and rescue techniques designed to prevent and respond to a variety of aquatic emergencies. Pre-requisites must be demonstrated during the pre-course session on Friday, April 13th.

Pre-requisites include a continuous 300 yard swim with proficiency in both front crawl and breast stroke, 2 minutes of treading water using legs only, and a timed 20 yard swim with a surface dive to retrieve a 10 pound object. Students are only permitted to use goggles for the 300 yard swim portion of the class. All students must be 15 years of age by the completion of the course. **Attendance of all course dates is mandatory– no exceptions.**

Fee includes instruction, book, pocket mask and certification in American Red Cross Lifeguarding, First Aid, and CPR/AED after successful completion of the course. Students should bring lunch/snack, bathing suit, and towel to every class.

Residents may register now. Non-residents may register beginning Friday, March 2nd. Registration will be accepted at the Newington Parks & Recreation office by Tuesday, April 10th. For any questions please contact (860) 665-8666.

Instructor: Michelle Lach

Location: Newington High School, Rm. 111 & Pool

Fee: \$225 for residents/\$275 for non-residents

ID:	Dates:	Times:
8117	Friday, April 13th	7:00—8:45 PM
	Mon.- Fri., April 16 - 20	9:00 AM—3:00 PM

\*Registration form on reverse side\*





# Newington Parks & Recreation Registration Form

131 Cedar St. Newington, CT 06111 Phone: 860-665-8666 Fax: 860-665-8739

www.NewingtonCT.gov

## PRIMARY HOUSEHOLD CONTACT INFORMATION

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt./Box # \_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

[ ] Check if new address Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

If there are any medical concerns, allergies or special needs that we should be aware of, please list here: \_\_\_\_\_

Supplemental medical forms are available online or in our office.

## PROGRAM INFORMATION

One registration form can be used for more than one person in the same household.

First and Last Name	M/F	DOB	Program ID #	Program Name	Fee	Alternate ID#
			8117	American Red Cross Lifeguarding Course		

## PLEASE READ CAREFULLY AND SIGN BELOW

Assumption of Liability: Participation in the activity may involve risk or injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the Town of Newington, its employees, contracted instructors, and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the Town of Newington does not provide accident/medical insurance for the program participants. In addition, I give permission for the participant to be treated by qualified medical personnel in the event that the above named parent/guardian/emergency contact cannot be reached at the phone numbers provided. The Parks and Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Parks and Recreation use only and may be used in future catalogs, website, brochures, pamphlets, and/or flyers.

ADULT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please note that there is a \$10 minimum for all credit card transactions.

TOTAL FEES: \$ \_\_\_\_\_

“ROUND UP” For Youth Recreation Rounding up your program fee helps provide financial assistance for those unable to afford the program fees for youth activities.



+ \_\_\_\_\_

Circle Method of Payment: Cash Check Credit Card

TOTAL AMOUNT: \$ \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_ Security Code \_\_\_\_\_ EXP. DATE \_\_\_\_ / \_\_\_\_

(Found on back of card)

Circle type of card: VISA MASTERCARD DISCOVER