

General Class Information:

Time: Day 1: 10-5
Day 2: 10-5
Day 3: 10-4

Pre-requisites:

- 300 yard continuous swim
- timed brick retrieval
- tread 2 min. with no hands
- current lifeguard certification
(for re-certification students only)

Age:

Minimum 15 years old by last scheduled class

Fee:

\$440 Lifeguard Training
\$330 Lifeguard Re-certification
\$250 Lifeguard Re-certification if you have certified with us.

Required:

CPR Adult/Pediatric Pocket Mask available for \$15.



Also Offered through Westchester & Fairfield:

CPR & AED Training



Swim Camp
(ages K thru 14)

RTE
(responding to emergencies)



Water Safety Instructor
(must be 16 by last day of class)

Return To:
Westchester & Fairfield
Swimming and Lifeguarding
P.O. Box 34
Pleasantville, NY 10570

American Red Cross
Lifeguard Training &
LG Re-certification
2018 Schedule

Includes latest online component!



Westchester & Fairfield

Swimming and Lifeguarding

Includes First Aid, CPR & AED
for the Professional Rescuer

also available....
CPR Re-Certification
Lifeguard Re-certification
RTE (Responding to Emergencies)
Waterfront Certification
Water Safety Instructor

Location: Scuba New York
2037 Central Park Avenue, Yonkers, New
York 10710

(Other locations and dates available!)

Katherine Palladino
Phone: (914) 588-2971
www.westfairswim.com

Lifeguard Training Including CPR/AED and First Aid

TRAINING CLASS DATES

December 27, Wednesday, 10am-5pm
 December 28, Thursday, 10am-5pm
 December 29, Friday, 10am-4pm

LIFEGUARD TRAINING RECERTIFICATION

-Must hold current LG certification
-Attend same class dates with modified times:
 December 27, 10-1:30
 December 28, 10-4
 December 29, 10-4
*-Fee is \$330 (\$250 if you have certified with us
 previously.)*



Registration and payment must be received prior to the first day of class to ensure availability.

Registration Form

Name: _____
 Address: _____
 City: _____ ST _____ Zip _____
 Sex: _____ DOB _____ Age _____
 Copy of proof of age must be attached.
 Parent / Guardian Name (s): _____

Phone Day: _____
 Phone Evening: _____
 Cell Phone (other): _____
 *Legible Email: _____
 Doctor's Name: _____
 Phone: _____

To best serve your child, are there any special learning or behavioral needs? Y or N

Name of Insurance Carrier: _____

 Illnesses, Allergies, Medications, Etc: _____

Consent to Treat: _____
 Emergency contact:
 (if parents cannot be reached)
 Name: _____
 Phone: _____
 Relationship: _____
 How did you hear about us? _____

-3 Ways To Register-
Online using credit card: westfairswim.com

Mail in check payable to:
 Westfair Swimming and Lifeguarding
 Add \$15 to class fee if you would like to purchase CPR pocket mask through us.
 Check # _____ Total _____

Credit Card # _____
Type: MC Visa Code _____ Exp _____
(note: \$9 admin. fee payment by credit card)
 Signature: _____

Westchester and Fairfield Swimming & Lifeguard (WFS&L) Release

I, _____ (print parent's name or student if over 18) hereby acknowledge that any training or demonstration or participation program may involve certain risks to any participant including, without limitation injury to person or to personal property. I fully understand these risks and voluntarily wish to have, _____ (name) participate in the WFS&L class at Scuba New York on _____ (print dates). I fully understand and hereby acknowledge that the class is not conducted, supervised, or endorsed by Scuba New York, and that WFS&L is not in any way a partner or joint venturer of, or otherwise connected to or controlled by Scuba New York. In consideration of _____ (name) being permitted to participate in class, I hereby agree to assume all the risks and responsibilities surrounding such participation undertaken as an adjunct thereto, including, without limitation, those of injury to person or personal property; and further, for myself, my heirs, personal representatives, and assignees. I hereby agree to defend, hold harmless, indemnify, release forever, and forever discharge WFS& L, Scuba New York and all their trustees, officers, agents, and employees from and against any and all threatened and imposed claims, demands, and actions or causes of action, on account of damage to personal property, or personal injury which may result from the aforesaid participation and activities incident thereto. Further, it is hereby certified that the above-named participant has no medical or psychological conditions which would preclude such participation. I hereby authorize Scuba New York through its authorized agents to secure for _____ (name) any emergency medical treatment that becomes or that may become necessary as a result of participation in class. I acknowledge I have read and understand. Signature of parent or guardian or student if over 18 & Date _____