

Class Times:

- Day 1: 11:15am-6:15pm
-weekend classes except class 10, 24 & 25
 - Day 1: 8am-3pm
-weekday classes and class 10, 24 & 25
 - Day 2: 8am-3pm
-all weekend classes except class 10 held
11:15am-6:15pm
 - Day 2: 7am-2pm
-all weekday classes
 - Day 3: 10am-4pm
-weekend classes except class 24 & 25
 - Day 3: 8am-2pm
-weekday classes and class 24 & 25
- Modified LG recertification schedule
available upon request.*

Pre-requisites:

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

Age:

Minimum 15 years old by last
scheduled class

Fee:

- \$445** Lifeguard Training
- \$330** Lifeguard Re-certification
- \$250** Lifeguard Re-certification if you
have previously certified with us.

Required:

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

Refund Policy:

*As most classes will close due to reaching maximum capacity,
the following refund policy applies. Please read carefully and
make your class selection accordingly.*

- Cancelling within 72 hours of start of class: no refund.
- Cancelling prior: full refund less \$75 cancellation fee.
- Failed pre-test constitutes cancellation, same policy applies.
- Switching class dates within 72 hours of start (this includes

Also Offered through Westchester & Fairfield:

- CPR & AED Training**
- RTE** (Responding to Emergencies)
- Swim Camp** (ages K thru 14)
- WSI** (Water Safety Instructor)



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

American Red Cross Lifeguard Training & LG Recertification 2019 Schedule *Includes online learning.*



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

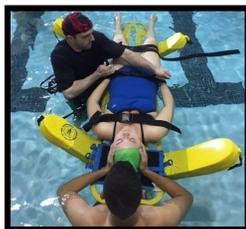
Location: Pace University GFC
861 Bedford Road
Pleasantville, New York

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

Lifeguard Training Including CPR/AED and First Aid

CIRCLE SELECTED CLASS

- Class 1 - Jan 6, 13 & 20 (Sundays)
- Class 2 - Jan 8, 9 & 10 (Tue, Wed, Thu)
- Class 3 - Jan 27, Feb 3 & 10 (Sundays)
- Class 4- Feb 19, 20 & 21 (Tue, Wed, Thu)
- Class 5- March 3, 10 & 17 (Sundays)
- Class 6- March 5, 6 & 7 (Tue, Wed, Thu)
- Class 7- March 9, 16 & 23 (Saturdays)
- Class 8- March 12, 13 & 14 (Tue, Wed, Thu)
- Class 9- March 19, 20 & 21 (Tue, Wed, Thu)
- Class 10- March 24, 31 & Apr 7 (Sundays)
- Class 11- March 26, 27 & 28 (Tue, Wed, Thu)
- Class 12 - March 30, April 6 & 13 (Saturdays)
- Class 13 - April 16, 17 & 18 (Tue, Wed, Thu)
- Class 14 - April 23, 24 & 25 (Tue, Wed, Thu)
- Class 15 - April 28, May 5 & 12 (Sundays)
- Class 16 - May 14, 15 & 16 (Tue, Wed, Thu)
- Class 17 - May 19, 22 & 24 (Sun, Wed, Fri)
- Class 18 - May 28, 29 & 30 (Tue, Wed, Thu)
- Class 19 - June 2, 9 & 16 (Sundays)
- Class 20 - June 3, 5 & 7 (Mon, Wed, Fri)
- Class 21 - June 11, 12 & 13 (Tue, Wed, Thu)
- Class 22; June 18, 19 & 20 (Tue, Wed, Thu)
- Class 23 - June 23, 24 & 25 (Sun, Mon, Tue)
- Class 24 - June 26, 27 & 28 (Wed, Thu, Fri)
- Class 25 - July 6, July 7, & 13 (Sat, Sun, Sat)
- Class 26 - July 27, 28 & Aug 3 (Sat, Sun, Sat)
- Class 27 - October 13, 20 & 27 (Sundays)



LIFEGUARD TRAINING RECERTIFICATION

-Must hold a current LG certification

*-Attend same class dates with modified times.
Fee : \$330 (\$250 if certified with us previously)*

Registration Form

Name: _____

Address: _____

City: _____ ST _____ Zip _____

Sex: _____ DOB _____ Age _____

Class # _____

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 18 or older) 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, _____ (print name) participate in the WFS&L class at Pace University on _____ (print dates). I fully understand and hereby acknowledge that the class is not conducted, supervised, or endorsed by Pace University, and that WFS&L is not in any way a partner or joint venturer of, or otherwise connected to or controlled by Pace University. 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, Pace University 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 Pace University 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 18 or older & Date _____