

**Class Information:**

**Prerequisites:**

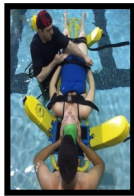
- Current CPR/AED Certification must be presented before class completion

**Age:**

Minimum 17 years old by last scheduled class

**Fee:**

\$275



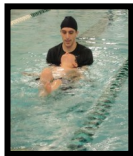
Also Offered through Westchester & Fairfield:

**CPR & AED Training**  
Fee: \$125



**Lifeguard Training**  
(Must be 15 Years old by last day of class) Fee:\$ 420

**Swim Camp**  
(ages K thru 14)



**Water Safety Instructor**  
(must be 16 by last day of class ) Fee: \$595

kpalladi-

no@westfairswim.com

Phone: (914) 588-2971

Please visit [www.westfairswim.com](http://www.westfairswim.com) for a full list of dates

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

American Red Cross  
 Responding to  
 Emergencies (RTE)  
 2018 SCHEDULE



also available....  
**Lifeguard Training**  
**Water Safety Instructor**  
**Lifeguard Re-certification**  
**CPR Re-Certification**

**Offered at:**  
 Pace University Aquatics  
 861 Bedford Road  
 Pleasantville, NY 10570

# American Red Cross Responding to Emergencies (RTE)



## TRAINING CLASS DATES

Sat, June 16, 9am-6pm &  
Sun, June 17, 9am-4pm

The American Red Cross RTE certification enables candidates to learn how to provide care for an ill person until EMS arrives. In addition, EPI-PEN certification is also included.



Each candidate needs current CPR/AED Certification. All candidates must arrive on time and attend both days of class. 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  
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 \_\_\_\_\_