

Class Information:

- Friday, May 24: 3:30-8:30pm

Prerequisites:

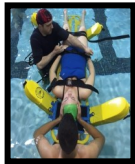
- 550 yard continuous swim
- tread water 2 minutes with no hands
- timed brick retrieval
- underwater swim
- current 2 year lifeguard certification

Age:

Minimum 15 years old by last scheduled class

Fee: \$150

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



Also Offered through Westchester & Fairfield:

CPR & AED Training

Fee: \$125

Swim Camp

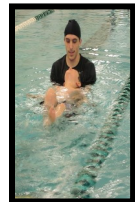
(ages K thru 14)

RTE

Responding to Emergencies

Water Safety Instructor

(must be 16 by last day)



Please visit www.westfairswim.com for a full list of dates for all programs.

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

American Red Cross
 Waterfront Lifeguard
 Certification Module
 2019 SCHEDULE



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

Offered at:
 Mohegan Beach Park District
 Corner of Lakeshore Drive
 & Christine Rd
 in Mohegan Lake, NY

American Red Cross Waterfront Certification



TRAINING CLASS DATES

Circle one of the following classes:
Except where noted, class time: 3:30-8:30pm.

May 24, 2019

Each candidate will need current 2 year life-guard certification, their lifeguard manual, CPR mask, snorkel and fins for class.



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



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 Mohegan Beach Park District (MBPD) on _____ (print dates). I fully understand and hereby acknowledge that the class is not conducted, supervised, or endorsed by MBPD, and that WFS&L is not in any way a partner or joint venturer of, or otherwise connected to or controlled by MBPD. 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, MBPD 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 MBPD 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 _____