

Class Information:

• Friday, May 17: 3:30-8:30pm

Prerequisites:

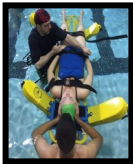
- 550 yard continuous swim
- tread water 2 minutes with no hands
- timed brick retrieval
- underwater swim
- current 2 year lifeguard certification

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

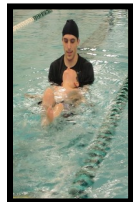
(ages K thru 14)

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



Location:
Lakenridge
41 Garretson Road
White Plains, NY

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

American Red Cross Waterfront Certification

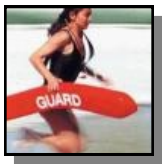


TRAINING CLASS DATES

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

May 17, 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 Lakenridge on
_____ (print dates). I fully understand and hereby
acknowledge that the class is not conducted, supervised, or en-
dorsed by Lakenridge, and that WFS&L is not in any way a part-
ner or joint venturer of, or otherwise connected to or controlled by
Lakenridge. In consideration of _____ (name) being permit-
ted 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, Lakenridge 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 WFS&L through its author-
ized 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 under-
stand Signature of parent or guardian or student if 18 or older &
Date _____