

## Class Information:

- Friday, May 22: 3:30-8:30pm

## Prerequisites:

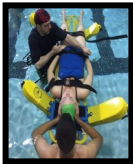
- 550 yard continuous swim
- tread water 2 minutes with no hands
- timed brick retrieval
- underwater swim
- current 2 year lifeguard certification

## 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**

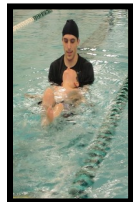
(ages K thru 14)

**RTE**

Responding to Emergen-  
cies

**Water Safety Instructor**

(must be 16 by last day)



Please visit [www.westfairswim.com](http://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  
2020 SCHEDULE

Westchester & Fairfield  
  
Swimming and Lifeguarding



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 22, 2020

Each candidate will needs 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:** \_\_\_\_\_

**Mail in check payable to:**  
Westfair Swimming & LGT  
Check # \_\_\_\_\_ Total \_\_\_\_\_

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 endorsed by Lakenridge, and that WFS&L is not in any way a partner or joint venturer of, or otherwise connected to or controlled by Lakenridge. 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, 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 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 \_\_\_\_\_

**Westchester & Fairfield Swimming & Lifeguarding, LTD, (WFS&L)**