

**Thursday, June 2  
3pm-10pm**

**Friday, June 10  
3pm-10pm**

**Saturday, June 11  
9am-7pm**

**Katherine Palladino**

Phone: (914) 588-2971

Email: [kpalladino@westfairswim.com](mailto:kpalladino@westfairswim.com)

*Please visit [www.westfairswim.com](http://www.westfairswim.com) for a  
full list of all aquatic offerings.*

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

**Water Safety  
Instructor Course  
2022 June Schedule**



**Swimming and Lifeguarding**



**Location: Pace University  
Goldstein Health & Fitness Center  
861 Bedford Road  
Pleasantville NY 10570**

**Also available....  
CPR Certifications  
Lifeguard Certifications  
RTE (Responding to Emergencies)  
Waterfront Certification**

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# WSI Training Course

## AMERICAN RED CROSS WATER SAFETY INSTRUCTOR

This course trains instructor candidates to teach courses and presentations in the ARC Swimming and Water Safety program by developing their understanding of how to use the course materials, how to conduct training sessions and how to evaluate participants' progress. This course is *not* designed to teach the required strokes. The blended learning format combines in-person skill sessions with online simulation to enhance the instructor candidate's training experience. Upon successful completion, candidates will be certified to teach Parent and Child Aquatics, Preschool Aquatics, Learn to Swim Levels 1-6, Adult swim, and Water Safety presentations.

**Pre-Requisites:** Must be at least 16 years old by last day of class and demonstrate ability to swim the following strokes consistent with ARC Level 4 criteria (front crawl, back crawl, breaststroke, elementary backstroke, sidestroke and butterfly). Those who do not meet the strokes prerequisite will be issued a refund less \$75 processing fee.

### Course Completion Requirements:

Attend every class, complete all assignments, pass final written exam with a minimum score of 80%.

**Fee:** \$600

- Swim cap, Suits, Towels, goggles
- Proof of age to first class

**If you have any questions or need additional information please contact Katherine Palladino. This 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: \_\_\_\_\_

### -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: \_\_\_\_\_

Total (non refundable): \_\_\_\_\_ Check #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

**Type:** MC Visa **Code** \_\_\_\_\_ **Exp** \_\_\_\_\_

Westchester and Fairfield Swimming & Lifeguard (WFS&L) Release

I, \_\_\_\_\_ (print parent's name) 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 my child, \_\_\_\_\_ (print child's 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 \_\_\_\_\_ (print child's 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 \_\_\_\_\_ (print child's 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 this document. \_\_\_\_\_ Signature of parent or guardian & Date