

Class Times:

- Day 1: 11:30-6:30pm weekend classes except class 20 & 21
- Day 1: 8am-3pm weekday classes and classes 20 & 21
- Day 2: 11:30-6:30pm weekend classes except classes 16 & 17
- Day 2: 8am-3pm weekday classes and classes 16 & 17
- Day 3: 10:30-4:30pm weekend classes except classes 16 & 17
- Day 3: 8am-2pm weekday classes and classes 16 & 17

Modified LG recertification schedule available upon request.

Pre-requisites:

- 300 yard continuous swim
- timed brick retrieval
- tread water 2 minutes with no hands
- current lifeguard certification (for re-certification students only)

Age:

Minimum 15 years old by last scheduled class

Fee:

- \$500** Lifeguard Training
- \$375** Lifeguard Re-certification
- \$300** Lifeguard Re-certification if you have previously certified with us.

Required:

CPR Adult/Pediatric Pocket Mask available for \$20.

Refund Policy:

As most classes will close due to reaching maximum capacity, the following refund policy applies. Please read carefully and make your class selection accordingly.

- Cancelling within 72 hours of start of class: no refund.
- Cancelling prior: full refund less \$75 cancellation fee.
- Failed pre-test constitutes cancellation, same policy applies.
- Switching class dates within 72 hours of start (this includes arriving to class too late to start): \$100 administration fee.
- Switching class dates prior to that: no charge.

Also Offered through

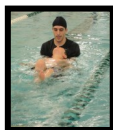
Westchester & Fairfield:

CPR & AED Training

RTE (Responding to Emergencies)

Swim Camp (ages K thru 14)

WSI (Water Safety Instructor)



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

American Red Cross Lifeguard Training & LG Recertification 2023 Schedule *Includes online learning.*



Westchester & Fairfield Swimming and Lifeguarding

Includes First Aid, CPR & AED
for the Professional Rescuer

also available....
CPR Re-Certification
Lifeguard Re-certification
RTE (Responding to Emergencies)
Waterfront Certification
Water Safety Instructor

Location: Pace University GFC
861 Bedford Road
Pleasantville, New York

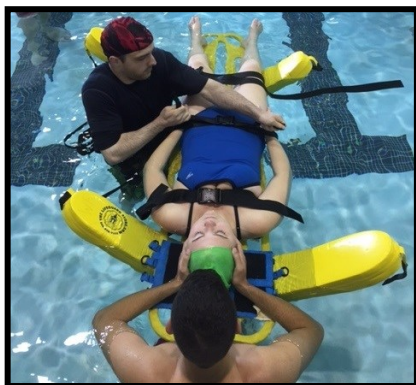
Katherine Palladino
Phone: (914) 760-6493
kpalladino@westfairswim.com
www.westfairswim.com

Lifeguard Training

Including CPR/AED and First Aid

CIRCLE SELECTED CLASS

- Class 1** - Jan 29, Feb 5 & 12 (Sundays)
Class 2 - Feb 21, 22 & Feb 23 (Tue, Wed, Thu)
Class 3 - March 5, 12 & 19 (Sundays)
Class 4 - March 11, 18 & 25 (Saturdays)
Class 5 - March 26, April 1 & 2 (Sun, Sat, Sun)
Class 6 - April 4, 5 & 6 (Tu, Wed, Thu)
Class 7 - April 15, 22 & 29 (Saturdays)
Class 8 - April 16, 23 & 30 (Sundays)
Class 9 - May 6, 13 & 20 (Saturdays)
Class 10 - May 7, 14 & 21 (Sundays)
Class 11 - May 16, 17 & 18 (Tue, Wed, Thu)
Class 12 - May 23, 24 & 25 (Tue, Wed, Thu)
Class 13 - May 30, 31 & June 1 (Tue, Wed, Thu)
Class 14 - June 6, 7 & 8 (Tue, Wed, Thu)
Class 15 - June 13, 14 & 15 (Tue, Wed, Thu)
Class 16 - June 19, 20 & 21 (Mon, Tue, Wed)
Class 17 - July 1, 2 & 8 (Sat, Sun, Sat)
Class 18 - July 29, 30 & Aug 5 (Sat, Sun, Sat)
Class 19 - Oct 8, 15 & 22 (Sundays)
Class 20 - Dec 27, 28 & 29 (Wed, Thu & Fri)



LIFEGUARD TRAINING RECERTIFICATION

-Must hold a current LG certification

*-Attend same class dates with modified times.
 Fee : \$375 (\$300 if certified with us previously)*

Registration Form

Name: _____

Address: _____

City: _____ ST _____ Zip _____

Sex: _____ DOB _____ Age _____

Class # _____

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
 Add \$20 to class fee if you would like to
 purchase CPR pocket mask through us.

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

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 en-
 dorsed by Pace University, and that WFS&L is not in any way a
 partner or joint venturer of, or otherwise connected to or con-
 trolled 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 under-
 taken 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 partic-
 ipant 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 _____