

Winter Class Schedule:

Saturday, January 6, 2024
Sunday, January 7, 2024
Saturday, January 21, 2024

Time: Noon-8pm each day

Katherine Palladino
Phone: (914) 760-6493
Email: kpalladino@westfairswim.com
Please visit 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
2024 Schedule

Westchester & Fairfield



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

Katherine Palladino
Phone: (914) 5760-6493
kpalladino@westfairswim.com
www.westfairswim.com

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: \$650

Equipment needed: Swim cap, Suit, Towel & Goggles

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