

Class Times:

- Day 1: 10-6pm weekend classes except class 20 & 21
- Day 1: 8am-4pm weekday classes and classes 19 & 21
- Day 2: 9:30-5:30pm weekend classes except classes 19 & 21
- Day 2: 8am-4pm weekday classes and classes 19 & 21
- Day 3: 9:30-4:30pm weekend classes except classes 19 & 21
- Day 3: 8am-3pm weekday classes and classes 19 & 21

Modified LG recertification schedule available upon request.

Pre-requisites:

- 150 yard continuous swim-2 minute treading no hands-50 yard swim
- timed brick retrieval
- current lifeguard certification (for re-certification students only)

Age:

Minimum 15 years old by last scheduled class

Fee:

- \$520** Lifeguard Training
- \$385** Lifeguard Re-certification
- \$325** 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 5 full business days prior to start of class: no refund.

-Cancelling prior: full refund less \$75 cancellation fee.

-Failed pre-test constitutes cancellation, same policy applies.

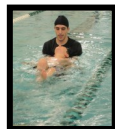
-Switching class dates within 72 hours of start (this includes arriving to class too late to start): \$100 administration fee.

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 2025 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

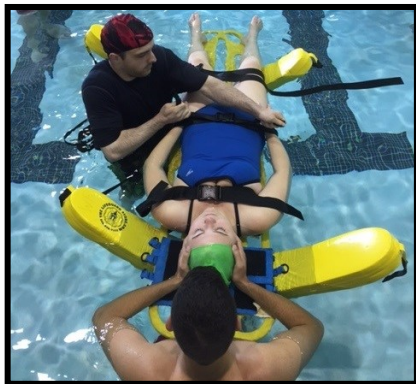
Location: Pace University GFC
861 Bedford Road
Pleasantville, New York

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



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 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 _____ (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 _____ (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 _____