

## Class Times:

- Day 1 weekend classes: 10:30-6pm
- Day 1 weekday classes: 8am-4pm
- Day 2 weekend classes: 9:30-5:30pm
- Day 2 weekday classes: 8am-4pm
- Day 3 weekend classes: 9:30-4:30pm
- Day 3 weekday classes: 8am-3pm
- \*\* Class 18: 8-4pm each day

*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:

- \$525** Lifeguard Training
- \$400** 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.*

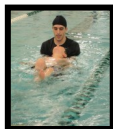
*-Switching class dates within 72 hours of start (this includes arriving to class too late to start): \$100 administration fee.*

*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 2026 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 25, Feb 1 & 8 (Sundays)  
**Class 2** - Feb 17, 18 & Feb 19 (Tue, Wed, Thu)  
**Class 3** - March 7, 14 & 21 (Saturdays)  
**Class 4** - March 8, 15 & 22 (Sundays)  
**Class 5** - March 31, April 1 & 2 (Tue, Wed, Thu)  
**Class 6** - April 11, 18 & 25 (Saturdays)  
**Class 7** - April 12, 19 & 26 (Sundays)  
**Class 8** - May 2, 9 & 16 (Saturdays)  
**Class 9** - May 3, 10 & 17 (Sundays)  
**Class 10** - May 19, 20 & 21 (Tue, Wed, Thu)  
**Class 11** - May 26, 27 & 28 (Tue, Wed, Thu)  
**Class 12** - May 31, June 7 & 14 (Sundays)  
**Class 13** - June 2, 3 & 4 (Tue, Wed, Thu)  
**Class 14** - June 9, 10 & 11 (Tue, Wed, Thu)  
**Class 15** - June 16, 17 & 18 (Tue, Wed, Thu)  
**Class 16** - June 22, 23 & 24 (Mon, Tue, Wed)  
**Class 17** - Oct 4, 11 & 18 (Sundays)  
**Class 18** - Dec 27, 28 & 29 (Sun, Mon, Tue)



## LIFEGUARD TRAINING RECERTIFICATION

*-Must hold a current LG certification*  
*-Attend same class dates with modified times.*  
**Fee : \$400 (\$325 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-  
 dored 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 \_\_\_\_\_