

Lifeguard Training Course

APPLICANT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ (MUST BE 15 YEARS OLD TO PARTICIPATE)

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

STATEMENT OF UNDERSTANDING:

I hereby certify that the information on this form is correct and that I have read and fully understand all course requirements including prerequisites, attendance, refund and cancellation notification as described below. I am 18 years of age or older, or my parent/legal guardian has read and accepts these terms.

CANCELLATION NOTIFICATION:

In case of inclement weather or other cancellations, I will contact the applicants and advise of the canceled class/session and reschedule.

I HAVE READ AND UNDERSTAND THE CONSENT FORM INFORMATION LISTED ABOVE.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

APPLICANT SIGNATURE