

# LIFEGUARD COURSE REGISTRATION FORM

## REGISTRATION & COURSE

REGISTRATION IS OPEN TO CURRENT UMASS STUDENTS, FACULTY & STAFF ONLY. REGISTRATION IS FIRST-COME, FIRST-SERVED.  
REGISTRATION BEGINS MONDAY, FEBRUARY 13 & ENDS THURSDAY, MARCH 9

## COURSE FEE

\$250 CERTIFICATION FEE OR \$175 RE-CERTIFICATION FEE

PAYMENT IS DUE AT REGISTRATION. CREDIT CARD, MONEY ORDER OR CASH ONLY! PERSONAL CHECKS NOT ACCEPTED.

FEE IS NON-REFUNDABLE, UNLESS YOU DO NOT PASS THE SWIM TEST  
OR WITHDRAW FROM THE COURSE PRIOR TO THE SWIM TEST.

## CERTIFICATIONS

ATTENDEES WHO PASS THE COURSE RECEIVE AMERICAN RED CROSS CERTIFICATION IN LIFEGUARDING, FIRST AID & CPR/AED BY SUCCESSFULLY COMPLETING EACH MODULE BY AMERICAN RED CROSS STANDARDS. THE CERTIFICATION WILL BE MAILED TO THE ADDRESS SPECIFIED ON THIS FORM APPROXIMATELY TWO WEEKS AFTER FINAL COURSE DATE.

### LOCAL INFORMATION

FULL LEGAL NAME \_\_\_\_\_  
LOCAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
LOCAL PHONE \_\_\_\_\_  
BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

### PERMANENT INFORMATION [FOR CERTIFICATION]

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
UMASS EMAIL \_\_\_\_\_

### OTHER INFORMATION

UMASS STATUS  UGRAD  GRAD  FACULTY/STAFF SPIRE# \_\_\_\_\_ GRAD YEAR \_\_\_\_\_

WHERE WOULD YOU LIKE YOUR CERTIFICATION SENT?  LOCAL ADDRESS  PERMANENT ADDRESS

HAVE YOU TAKEN A LIFEGUARDING COURSE BEFORE?  YES  NO

ARE YOU RE-CERTIFYING AS A LIFEGUARD?  YES (CERTIFICATION EXPIRATION DATE \_\_\_\_\_)  NO

DO YOU HAVE ANY MEDICAL CONCERNS/ATHLETIC INJURIES? (PLEASE EXPLAIN)

\_\_\_\_\_  
\_\_\_\_\_

### LIABILITY WAIVER

I acknowledge that it is my responsibility to consult with a physician regarding any injury or condition that may affect my participation in this lifeguarding program. I agree not to hold the University of Massachusetts, its employees or the instructors of this class liable for any injury or damages related to my use of the facilities, or participation in this or other related programs offered on or off campus.

Signature of Participant \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_

Age \_\_\_\_\_

\*\*\*OFFICE USE ONLY\*\*\*

DATE OF REGISTRATION \_\_\_\_/\_\_\_\_/\_\_\_\_

REGISTRATION POSITION # \_\_\_\_\_