

LIFEGUARD COURSE REGISTRATION FORM

NOTE ON REGISTRATION & COURSE

REGISTRATION IS LIMITED TO 12 FOR THE CERTIFICATION COURSE AND 6 FOR THE RE-CERTIFICATION COURSE. PRIORITY REGISTRATION DEADLINE FOR UMASS STUDENTS IS MARCH 14, 2009. NON-UMASS STUDENTS MAY REGISTER PRIOR TO MARCH 14. HOWEVER, IF ENROLLMENT MAXIMUM IS REACHED BY THAT DATE, NON-UMASS STUDENTS WILL BE PLACED ON A WAITING LIST & NOTIFIED.

COURSE FEE

THE FEE FOR THE COURSE IS \$225 (CERTIFICATION) OR \$150 (RE-CERTIFICATION) AND IS DUE AT REGISTRATION.
CASH ONLY

THIS FEE IS NON-REFUNDABLE, UNLESS YOU DO NOT PASS THE SWIM TEST OR ARE WAITLISTED AND UNABLE TO ENROLL.

CERTIFICATIONS

STUDENTS WILL PASS THE COURSE AND RECEIVE AMERICAN RED CROSS CERTIFICATION IN LIFEGUARDING, STANDARD FIRST AID & CPR/AED FOR THE PROFESSIONAL RESCUER BY SUCCESSFULLY COMPLETING EACH MODULE BY AMERICAN RED CROSS STANDARDS. CERTIFICATION CARDS 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 CARDS]

HOME ADDRESS: _____

HOME PHONE: _____

E-MAIL CONTACT: [REGARDING COURSE INFORMATION]

OTHER INFORMATION

ARE YOU A UMASS STUDENT? YES NO SPIRE# _____ GRAD YEAR: _____

WHERE WOULD YOU LIKE YOUR CARDS 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 LIST)

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: ____/____/____

Signature of Parent/Guardian if a Minor: _____ Print Name: _____

OFFICE USE ONLY

DATE OF REGISTRATION: ____/____/____

REGISTRATION POSITION# _____