# LIFEGUARD CERTIFICATION COURSE REGISTRATION FORM/Spring Course 2024

## Registration

Registration is open to current UMass students, faculty & staff. Registration is first-come, first-served and ends Friday, April 19th. To register, please come in person to the member services desk Monday-Friday 10am-4pm.

#### **Course Fee**

Payment is due at registration (credit or debit card only; no cash or personal checks).

\$285 Certification

Fee is non-refundable, unless the registrant does not pass the swim test or withdraws from the course prior to the first class.

#### **Course Dates**

Attendance is mandatory at the swim test and classes.

Online Portion- Sent through Alexis Gross, Coordinator of Aquatics; MUST be completed PRIOR to first day of course

Swim test - Friday, April 26th (2pm-3pm, Curry Hicks pool; required for certification)

In-person Class dates –Syllabus will be provided by the instructor at the swim test

- Friday, April 26<sup>th</sup> 3pm-6pm
- Saturday, April 27<sup>th</sup> 10:00am-5:00pm
- Sunday, April 28th 10:00am-5:00pm

### **Certifications**

Attendees who pass the course by successfully completing each module by American Red Cross standards receive American Red Cross certification in lifeguarding, first aid & CPR/AED for the Professional Rescuer.

| <u>Personal Information</u>   |   |  |  |  |  |
|---|---|--|--|--|--|
|   | t & Last NameSPIRE#   |  |  |  |  |
| Phone   | UMass Em  | ail  |  |  |  |
|   |   |  | @umass.edu   |  |  |
| UMass Status ☐ UGrad ☐ Graduate/  | CE ☐ Faculty/Staff A  | nticipated Graduation M  | onth/Year  |  |  |
| Permanent Address   |   |  |  |  |  |
| Street  | City  | State  | Zip Code   |  |  |
| Additional Information  |   |  |  |  |  |
| Have you previously taken a lifeguarding cou  | ırse? □ Yes □ No If y   | yes, where?  |  |  |  |
| Are you re-certifying as a lifeguard? ☐ Yes   | (certification expiration d   | ate  | )  | □ No   |  |
| Must have current lifeguard certification or be with  | in 30 days of expiration. Copy o  | of current certification require   | ed with registration j                                     | form.  |  |
| Do you have any medical concerns/athletic i   | njuries? If yes, please descr   | ibe.   |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| I acknowledge that participation in this life<br>responsibility to consult with a physician<br>certification course/program. I agree to ful<br>Trustees, employees, representatives and in<br>kind related to the use of facilities, or partici | regarding any injury or o<br>lly and forever release and<br>estructors of this class from | condition which may at<br>I discharge THE UNIVER!<br>I any and all suits, claims | ffect my participa<br>SITY OF MASSACH<br>s, damages, costs | ation in this lifeguard<br>HUSETTS, the Board of |  |
| Signature of Participant  |   |  |  |  |  |
| · <del></del>   |   |  |  | <del></del>                                      |  |
| ***OFFICE USE ONLY*** DATE OF REGISTR   | ATION/  | REGISTRATION POSITION  | N #  |  |  |