

American Red Cross Lifeguard Certification Registration

Name _____

Phone# _____

Address _____

Age _____

City/State _____

Male _____ Female _____

Email _____

American Red Cross Lifeguard Recertification

Must have a current certification

April 10, 2020

member \$100

8am-6pm

non-member \$150

Registration deadline for all courses is April 4, 2020

**Checks can be made to The Aerobic center
526 New Alexandria Road
Greensburg, PA 15601**

There will be a \$20.00 processing fee on all refunds.

All cancellations must be made before the first class.

You must attend all classes, actively participate, score a minimum of 80% on both water and written tests.

I fully understand that the lifeguard certification requires physical activity, and hereby represent and acknowledge that my physical condition permits me to participate in the thirty hour course. I also release and discharge all instructors, lifeguards, supervisors, and directors from any and all claims, damages, demands and liabilities arising out of or any way related to participation in the lifeguard certification.

Signature _____ Date _____

Parent's Signature (if under 18) _____

Office use:

Amount paid: \$ _____ Member # _____

Receipt# _____ Date paid _____

The Aerobic Center
Lynch Field ★ Greensburg, PA