



CIRCLE C AQUATICS PROGRAM REGISTRATION FORM



SITE-SPECIFIC LIFEGUARD REVIEW COURSE

Please type or print information legibly

This form is to register for the program indicated above. Registration may also be done online www.ccswim.net.
A Resident/Non-Resident Information Form must be submitted prior to this Registration Form.

Program Information

Program Year 2019 Session Desired: _____ Session Dates: **See Reverse**

Registration Fee: \$55 Program/Course Fee: \$0

Program Description: **The purpose of the Lifeguarding Review Course is to provide recertification for participants and ensure they have the knowledge and skills to prevent, recognize and respond to aquatic emergencies and to provide professional level care for breathing and cardiac emergencies, injuries and sudden illnesses until emergency medical services (EMS) personnel take over. For participants applying for employment with Circle C Aquatics, there will be Orientation and Training Days following the session.**

Registrant Information Resident Non-Resident

Name: _____ Age (must be at least 15 years old): _____

Phone: _____ Email: _____

Fees and Policies – *Initials required next to each statement*

- _____ I understand that I must successfully complete the Pre-Course before moving on to the Lifeguard Class.
- _____ I understand that I must attend and participate in all class sessions and there are no makeup days for missed classes.
- _____ I understand that I must attend and participate in all Orientation and Training days to be eligible for employment with Circle C Aquatics.
- _____ I understand that I must demonstrate competency in all required skills, activities, and final rescue scenarios.
- _____ I understand that I must possess a current ARC Lifeguard Certification, or one not expired by more than 30 days in order to participate in this course.
- _____ I understand that I must pass both final written exams with minimum scores of 80 percent.
- _____ I understand that program dates and times are subject to change.
- _____ I understand that completion of this course does not guarantee employment with Circle C Aquatics.
- _____ **I understand that this “Site Specific” course, if successfully completed, will result in an American Red Cross certification that will only be valid at Circle C Aquatics specified locations, for a period of one year.**
- _____ **I understand that I may only be issued an American Red Cross “Standard” certification within said one-year period by completing a Red Cross-Approved Standard Lifeguarding Review Course.**

I hereby agree to indemnify and hold harmless Circle C Homeowners Association, Inc. / Circle C Aquatics and its officers and employees from and against any and all liabilities for any injury which may be suffered by me or by my wards/guests arising out of or in any way connected with participation in the program listed above.

Signature of Participant: _____ Date: _____

If participant is under 18 years of age, Parent/Guardian signature is also required below:

Print Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

Office Use Only

- RIF/NRIF on File Registered in Daxko: _____ Reg. Date: _____ Form in Program Coordinators box FD: _____
- Confirmation Email Sent Confirmation Received PC: _____



CIRCLE C AQUATICS CLASS SCHEDULE



SITE-SPECIFIC LIFEGUARD REVIEW COURSE

All returning Circle C employees will need to participate in a Training Day. There will be a 2 hour Training Day the Friday following the end of a lifeguard class session.

*REVIEW CLASS IS FOR CURRENT AMERICAN RED CROSS CERTIFIED LIFEGAUARDS ONLY

Session	Date	Time
1	Saturday 1/12/19	10:30A - 8:30P
2	Saturday 1/26/19	10:30A - 8:30P
3	Saturday 2/9/19	10:30A - 8:30P
4	Saturday 2/16/19	10:30A - 8:30P
5	Saturday 3/2/19	10:30A - 8:30P
6	Saturday 4/6/19	10:30A - 8:30P
7	Saturday 4/13/19	10:30A - 8:30P
8	Saturday 5/11/19	10:30A - 8:30P
9	Saturday 5/18/19	10:30A - 8:30P
10	Saturday 6/8/19	10:30A - 8:30P