

# American Red Cross Lifeguarding Classes

## Blended Learning Class

### FALL 2019



Anyone taking any lifeguarding course **MUST** successfully complete the pre-course requirements.

#### **Pre-course Requirements:**

- ◆ **Must** be 15 years old by the completion of course.
- ◆ Ability to pass swim test (300 yards continuously, demonstrating breath control and rhythmic breathing) using front crawl or breaststroke. **Goggles allowed.**
- ◆ Tread water for two (2) minutes using only the legs (hands under arms)
- ◆ Complete within 1 minute, 40 seconds: From shallow end of pool, swim 20 yards, surface dive to retrieve a 10-pound object from the deep end of pool, return to starting point holding brick with both hands while keeping face out of water, and exit water without using ladder or steps. **Goggles NOT allowed. You need to open your eyes under water.**
- ◆ Copy this link to view pre-course requirements:

**<https://www.youtube.com/watch?v=2TMAbHMpsB0&t=24s>**

#### **Red Cross Lifeguarding**

This course trains individuals to become a certified Red Cross Lifeguard and how to carry them out in a professional manner. You will also learn how to use surveillance techniques, rescue equipment, and how to manage a suspected spinal injury victim.

Class materials, pocket masks, whistle, and hip pack are included. Participants will be required to download the free participants manual. Participants **MUST** attend all classes and **MUST** successfully pass written and skills test to receive certification.

This is a blended learning class. There is approximately ten hours of online learning for you to do on your own, followed by the in class sessions. Once you complete the pre-course requirements you will be given information for accessing the online sessions.

Upon successful completion of this course (including written and rescue skills testing), you will receive an American Red Cross Lifeguard/CPRO/AED/First Aid certificate which is valid for 2 years.

#### **ATTENDANCE AT ALL IN CLASS SESSIONS IS MANDATORY**

**Dates:**           **Sunday      October 27, 3:30 – 4:30 pm for pre-course swimming test**  
                      **Sunday      November 3, 10, 17 – 11:30 am – 4:30 pm (Classroom & Pool)**  
                      **Wednesday November 6 – 5:30 pm – 9:30 pm (CPRO)**

**Location:**       **Aquatic & Family Center at JFK Middle School, Florence, MA 01062**

**Fees:**             **Lifeguarding   \$325 / \$335/ \$345 (includes \$25 non refundable pre-course swimming test and all materials)**

*Fees listed in the order of AFC Member / Resident / Non-Resident*

Completed registrations accepted at the AFC at JFK Middle School 100 Bridge Road, Florence, MA 01062  
Mon-Fri 4-8pm, Sat 10am-4pm and Sun 11-4:00pm (587-1046) or  
at the Northampton Parks and Recreation Department 100 A Bridge Road, Florence, MA 01062  
Mon-Fri 8:30am-4:30pm 587-1040

Need More Information? email [jmiller@northamptonma.gov](mailto:jmiller@northamptonma.gov)

# NORTHAMPTON PARKS & RECREATION DEPARTMENT - REGISTRATION FORM

**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE PRINT LEGIBLY**

New to Northampton Parks & Recreation

I have updated my Information

**ADULT 1**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**ADULT 2**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT OTHER THAN PARENT**

Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**Photo Release:** May Northampton Parks & Recreation Department use photos of you or your family members for brochure, website, promotional use?

Yes  No

**PARTICIPANT'S FULL NAME:** \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Current Grade \_\_\_\_\_ (Fall 2019)

Program Name	Session	Day(s)	Level	Start Date	Basic Fee	Non-Res Fee (where applicable)	Total Fee
					\$	\$	\$
					\$	\$	\$

**TOTAL FEE FOR PARTICIPANT** \$

**PASS PURCHASE**

Pass	Pass Type	Pass Length	Fee	Special Considerations/Comments (Use back if necessary)
Aquatic Center	Res: Adult Family Senior Youth	6 Month 12 Month	\$	_____
	Non-Res Adult Family Senior Youth			

Pass Holder's Name(s)	Gender	DOB	Pass/Tag# Issued	Special Considerations/Comments (Use back if necessary)
_____	_____	_____	_____	_____
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

**TOTAL AMOUNT DUE** \$

**Recreational and Volunteers Activities Release Form**

I, the undersigned, do hereby consent to my participation in voluntary or recreation programs of the City of Northampton. I also agree to forever release the City of Northampton, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the City of Northampton from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the City of Northampton voluntary activities or programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the City of Northampton voluntary activities or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this form, I affirm that I have decided to participate in the City as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in voluntary activities with the City of Northampton or recreation programs.

Participant Signature or Parent/Legal Guardian if under 18 years old: \_\_\_\_\_ Date: \_\_\_\_\_

**Charge my** VISA \_\_\_ Master Card \_\_\_ Discover \_\_\_ Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Office Use Only:** Amt Rec'd \$ \_\_\_\_\_ Cash \_\_\_ Check # \_\_\_\_\_ Credit \_\_\_ Date \_\_\_\_\_ RT Date \_\_\_\_\_ Staff \_\_\_\_\_