



American Red Cross Lifeguarding Re-certification Class Fall 2019 Blended Learning Class



November 30: 9:30 am - 5:00 pm (MUST Preregister by November 25)

This course is for Lifeguards having a certification expiration date that is 30 days or less than the class date.

Participants will need to present their certificate at the beginning of the class. This is a blended learning class. There is approximately ten hours of online learning for you to do on your own, prior to the in-class session. Class materials include; Pocket Masks (Adult & Pediatric), Hip Pack, Whistle, and Lanyard.

Pre-registration is required to allow participants to receive the online links for the online program, lifeguard manual, and provide enough time for completing the online portion of class.

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

The first hour of the class will be the Pre-Course swimming test which **MUST** be successfully completed.

Pre-course Requirements:

- ◆ 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.

Fee: Price includes non-refundable \$25.00 pre-test fee

Lifeguard Re-certification :	\$185 / \$195 / \$205
	(includes all materials)

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

Please call the Parks and Recreation office at 587-1040 if you have further questions.

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

OVER FOR REGISTRATION FORM

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 as of Fall _____

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																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Pass Holder's Name(s)</th> <th style="width: 10%;">Gender</th> <th style="width: 10%;">DOB</th> <th style="width: 10%;">Pass/Tag# Issued</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Pass Holder's Name(s)	Gender	DOB	Pass/Tag# Issued																	<p style="text-align: right; font-weight: bold; font-size: 1.2em;">TOTAL AMOUNT DUE</p> <div style="border: 2px solid black; width: 100px; height: 30px; margin-left: auto; margin-right: 0; text-align: center;">\$</div>
Pass Holder's Name(s)	Gender	DOB	Pass/Tag# Issued																					

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 _____