



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

AMERICAN RED CROSS LIFEGUARD TRAINING CLASS

ALGONA FAMILY YMCA

Certification includes American Red Cross Lifeguarding, First Aid, CPR, AED and Bloodborne Pathogens Training.

- Must be 15 years old by the end of class
- Registration Limited to 10 participants; Minimum of 4 participants is required
- Prerequisite swim test:

Swim 300 yards, tread water 2 mins. (Legs only), removal of a 10 pound object from 7-10 feet deep

SPRING SESSION:

Wednesday April 10th 4:30-8pm
 Thursday April 18th 3-7pm
 Friday April 19th 8am-4pm
 Saturday April 20th 8am-1pm

*Must attend all classes

SPRING II SESSION:

Wed. May 8th 3-7pm
 Wed. May 15th 4-9pm
 Wed. May 22nd 4-9pm
 Friday May 31st 8am-2pm

(times/dates may change due to snow days)

SUMMER SESSION:

Tuesday June 4th 12-5pm
 Wednesday June 5th 12-5pm
 Thursday June 6th 12-5pm
 Friday June 7th 12-5pm

(times/dates may change due to snow days)

FEE: *\$130 for members; *\$160 for non-members

LOCATION: ALGONA FAMILY YMCA
 515-295-7701
 angie@algonaymca.org

*Ask how you can earn your certification fee back!

2019 LIFEGUARD TRAINING REGISTRATION

NAME _____ AGE _____ BIRTHDAY _____

ADDRESS _____ CITY, STATE, ZIP _____

PHONE NUMBER _____ ALTERNATE PHONE _____

EMAIL _____ SESSION (PICK 1 FROM ABOVE) _____

In case of emergency I can be reached at a number listed above. In the event I cannot be reached, I authorize the calling of medical services. I give the YMCA permission to provide first aid and/or arrange for the transport of my youth to the nearest medical facility. I also give permission for the necessary medical treatment to be performed by any medical personnel. By my signature and of my own free will, I hereby agree to indemnify and hold harmless the YMCA and its representatives from any and all claims and demands, cost or expense arising out of any injuries sustained by myself or any party I am responsible for. I give my permission for the use of photos taken by the YMCA.

SIGNATURE _____ DATE _____

OFFICE USE: AMOUNT PAID _____ DATE PAID _____ STAFF INT. _____ CASH _____ CHECK# _____ CREDIT/DEBIT _____