



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:

Friday April 3rd 4:30-8:30pm Saturday April 4th 8a-2pm Thursday April 9th 3:30-8pm Friday April 10th 9am-3pm

SUMMER SESSION:

Monday June 1st 9-1pm
Tuesday June 2nd 9-4pm
Thursday June 4th 9-1pm
Friday June 5th 8-1pm
(times/dates may change due to snow days)

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

*Ask how you can earn your certification fee back!

LOCATION: ALGONA FAMILY YMCA

515-295-7701 angie@algonaymca.org

2020 LIFEGUARD TRAINING REGISTRATION

| NAME | | | AG | E | BIRTHDAY | | |
|---|--|--|---|---|--|---------------------------------------|--|
| Address | | CITY, STATE, ZIP | | | | | |
| PHONE NUMBER | | ALTER | NATE PHONE | | | | |
| EMAIL | SESSION (PICK 1 FROM ABOVE) | | | | | | |
| in case of emergency I can be reach provide first aid and/or arrange for any medical personnel. By my signa demands, cost or expense arising o | the transport of my youth to ture and of my own free will | the nearest medical fac , I hereby agree to inden | ility. I also give peri inify and hold harml | mission for the ned ess the YMCA and | essary medical treatment to its representatives from any | be performed by and all claims and | |
| SIGNATURE | | Date | | | | | |
| OFFICE LICE. AMOUNT DAID | DATE DAID | STAFF INT | CACIL | Curcu# | Cocout/Deput | | |