



is offering

AMERICAN RED CROSS LIFEGUARD CERTIFICATION CLASS

WHERE: Orchard View Swim Club
4525 Game Preserve Road, Schnecksville

WHEN: See dates below!

New Certification: All classes are mandatory.

Thursday, May 20 5pm-9pm

Friday, May 21 - 5pm-9pm

Saturday, May 22 - 9am-6pm

Sunday, May 23 - 9am-6pm

Video: Recognition and Response

CPR/AED

**pre-req test; Water skills;

Recertification:

Sunday, May 23 8am-8pm

COST: New Certification OV Members: \$275 New Certification Non-Member \$300
Recertification OV Staff Members: \$150 Recertification Non OV Staff Members \$200
(face mask and certification cards included)

INSTRUCTOR:
Certified American Red Cross Lifeguard Instructor and Water Safety Instructor.

If successfully passed, each student will be certified in Lifeguard, First Aid and CPR/AED for the Professional Rescuer. The course is for ages 15 and up.

Pre-Requisite skills:

**300-yard swim; must swim 100 yards front crawl, 100 yards breast stroke and 100 yards of front crawl and/or breast stroke. There is no time limit on the swim but must be done in a reasonable time. Goggles are allowed for the swim.

**Must be able to tread water for 2 minutes with hands under arm pits or hands out of the water.

**Must swim 20 yards swimming front crawl or breast stroke beginning in the shallow end of the pool and surface dive picking up at 10 lb object in 9 feet of water. Retrieve the object and swim 20 yards on back with both hands on object (this skill does not allow goggles to be worn and must be completed in 1 minute and 40 seconds).

The Parkland School District does not sponsor or sanction this program/event/activity.

LIFEGUARD CERTIFICATION CLASS REGISTRATION FORM

TO REGISTER: SEND the completed form below with a check made out to OVSC to:
Orchard View Swim Club
PO Box 66
Schnecksville, PA 18078

Questions? Email Traci at: ovswimmgr@gmail.com

NAME:

PLEASE CHECK 1 ITEM BELOW:

New Certification OV Members _____
Recertification OV Staff Members _____

New Certification Non-Member _____
Recertification Non OV Staff Members _____

Age as of May 20, 2021 _____

Birth date: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

In case of emergency contact: _____ at
phone # _____

Email: _____

Medical Information: (Physical conditions, allergies to food or insects, special needs, etc):

I release the Orchard View Swim Club from all claims that may result from my voluntary participation or my children(s) participation in the above program. I grant permission to an Emergency Medical Technician (EMT), physical or hospital to provide emergency medical care to aid myself and/or my child(ren) in the event of injury in conjunction with the above program.

Signature: _____ of Adult Participant or
Parent/Guardian if participant is a minor

Date: _____