

2021 American Red Cross Lifeguard Certification Registration Form.

(Submit or drop off form to Jamie Blair- jblair@duncanvilleisd.org.) Payments of CASH (ONLY) must be made in person. Once your cash payment has been received your slot will then be reserved and given a receipt. **No Refunds will be given due to limited space in class. All certifications are valid for 2 years.**

1st class 5/28-5/30 2nd class 6/18-6/20 3rd class 7/23-7/25 4th class TBA

Participant's Information						
Participant's Name		Age		Sex		Date of Birth
Street Address				Email address		
City		State		Emergency Contact #		
Zip		Phone #		Class Date-		

**SPACE IS VERY LIMITED—SIGN UP NOW TO RESERVE YOUR SPOT.
THIS IS THE BEST CLASS AROUND!**

PLEASE SELECT WHICH PROGRAM YOU ARE PARTICIPATING IN

Lifeguard First Aid CPR & AED Certification	Lifeguard Recertification	CPR, First Aid, AED Certification	CPR, First Aid, AED Recertification
\$210.00 Class Plus \$15 CPR Mask 2 year certification	\$120.00 Up to 30 days after expiration	\$110.00 Plus \$15.00 CPR Mask	\$90.00 Up to 30 days after expiration
300 swim 2 Minute Tread Brick Test- 1:40 Written Exam 3 Day Class <input style="width: 50px; height: 20px; border: 1px solid blue;" type="text"/>	300 swim 2 Minute Tread Brick Test- 1:40 Written Exam <input style="width: 50px; height: 20px; border: 1px solid blue;" type="text"/>	1 Day Class Written Exam <input style="width: 50px; height: 20px; border: 1px solid blue;" type="text"/>	1 Day Class Written Exam <input style="width: 50px; height: 20px; border: 1px solid blue;" type="text"/>

I _____ hereby enroll myself in the lifeguard certification class. I waive all claims against the DHS Natatorium and any affiliates, including all volunteer help. **No refunds will be given after signing up.** I have read all the pre-requisites for the class and understand that I must pass those prerequisites to move on to the class portion. I have no current health problems that would prevent me from participating fully in this program. I hereby give consent to be medically treated for injury or illness if the need arises while I am attending class. If under 18 please have parents read and sign as well as the participant.

Signature _____
Date _____

Parent Signature (under 18) _____
Date _____

