Membership Account # _____ Exp. Date _____ Membership Category: _____

Date: _____ Staff Initials: _____

RANDOLPH YMCA Fall 2017

LIFEGUARD PREP/JR. LIFEGUARDING Registration Form

Mondays: September 11-November 13 Ages 12-14

Participant's Last Name: _____ First Name: _____

Sex: M / F (circle one) Date of Birth: _____/_____/_____ Home Phone #: _____

Parent/Guardian Name: _____ Cell Phone #: _____

Address: _____ City: _____ Zip: _____

Email: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Would you like to be on our email list? YES NO

Please write clearly.

Our Lifeguard Prep/Jr. Lifeguarding Course teaches pool rescue and swim skills followed by classroom time and actual on-deck experience with Y staff! Classes taught by certified ARC instructor. Become better prepared to pass the LGT course! Opportunity for employment with a passing grade. IMPROVE SWIMMING ENDURANCE!

Mondays: 4:00-6:15 pm

Early Bird Registration: August 14-28

FULL: **$150**_____ BASIC: **$190**_____ _____Add or Renew Basic Membership: **$75** **TOTAL**: _____

Registration Fees: EFFECTIVE August 29

FULL: **$180**_____ BASIC: **$220**_____ _____Add or Renew Basic Membership: **$75** **TOTAL**: _____

All Lifeguard Prep participants can join Swim Fit for a 10% discount.

For class confirmation, you may call the Front Desk (973) 366-1120 starting September 7, 2017

IF YOU HAVE A CREDIT, PLEASE WRITE A REMINDER NOTE WITH CLASS NAME, DAY & TIME OF CLASS CREDIT.

PAYMENT

_____ **CASH**

_____ **CHECK**

_____ **CREDIT CARD**

_____	_____	_____	_____
Credit Card #	Exp. Date	CVV Code	Name Of Card Holder

"I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as persons or parents transporting participants to and from activities from any claims or injury sustained during my use of the YMCA property."I also understand that no make ups or refunds will be given for classes missed due to vacation, illness or personal reasons.

By signing below, I am agreeing to the above statement.

Signature: _____

Print Name: _____ Date: _____