

# 2024 Lifeguard Certification Registration Form

Class March 25th 8:00am-5:00pm, March 26th 8:00am-3:00pm Instructor: Stephan Stover

# **COST \$275 For Park District Lifeguards**

Participant's Name(s)		Age	
Contact Number			
Address	City	State	
Email			
Parent or Guardian's Name and Phone Number			
Emergency Contact Name and Pho	one Number		
Emergency Contact (other than Pa	rent listed)		
Physical Restrictions/Allergies			

# Requirements to pass:

- Minimum age: 15 years.
- Swim 300 yards continuously.
- Tread water for 2 minutes using only the legs.
- Complete a timed event within 100 seconds
  - Starting in the water, swim 20 yards,
  - Submerge to a depth of 7 feet to retrieve a 10-pound object,
  - Return to the surface and swim 20 yards on the back to return to the starting point with both hands holding the object
  - Exit the water without using steps or a ladder
- Complete three real-life scenarios
- Must pass all written test with an 80% or higher

#### Certification will be held at LPD and Clinton YMCA.

**Refund Policy:** Students who pay in full for certifications are entitled to a partial refund only if they cancel their class within seventy-two (72) hours of their purchase date. All refunds that are approved within this time frame will incur a 25% Administrative Fee. This means that the participant is only eligible for up to 75% of the purchase amount within this 72-Hour period. There is no refund given for any students who do not attend their scheduled course. There is no refund for any student who does not pass a course for any reason. If a student does not pass, they will not be granted any form of refund, and would need to re-enroll for another course.



# IMPORTANT INFORMATION

Lincoln Park District (LPD) is committed to conducting its recreation programs, training classes, and activities in a safe manner and holds the safety of trainees in high regard. LPD continually strives to reduce risks and asks that all trainees follow safety rules, including rules surrounding the public health measures in place to prevent the spread of COVID-19, and instructions that are designed to protect the trainee's safety. However, trainees must recognize that there is an inherent risk of injury when training for any activity or program. Each trainee, in consultation with a physician if necessary, is solely responsible for determining if he/she is physically fit and/or properly skilled for the activities involved in this certification.

# **WARNING OF RISK**

Despite careful and proper preparation, sanitation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury in any training. Understandably, not all hazards and dangers can be foreseen. Trainees must understand that depending upon the activity, certain risks, dangers, and injuries due to acts of God, inclement weather, slip and falls, inadequate or defective equipment, failure in supervision or instruction, premises defects, horseplay, carelessness, lack of skill or technique, exposure to COVID-19 or other communicable disease, and all other circumstances inherent to the particular training exist. In this regard, it must be recognized that it is impossible for LPD to guarantee absolute safety.

# WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in participation in this lifeguard training, you, as the participant or parent/guardian of a participant will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, illness, damages or loss which you (or your minor child) may sustain as a result of participating in any and all activities connected with and associated with this training. As a participant or parent/guardian of a participant, further agree to waive and relinquish all claims I, or my minor child, may have as a result of this training, against LPD, including its officers, officials, agents, other trainees and employees (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, illness, damages, or loss that I, or my minor child, may have or which may accrue to me arising out of, connected with, or in any way associated with this training. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Participant's Name		
Participant's Signature	Date	
(if under 18 years, parent or guardian sign	ature required)	
Parent/Guardian Signature	Date	
Administrative office use only:		
-	Paid Cash	
	Paid Check	
	Staff Initials	