

Lifeguard Recertification

March 22nd and 23rd

Cost of class:

Member \$75 for course
 \$38 for certification cards
 \$113

Non-member \$85 for course
 \$38 for certification cards
 \$123

*WA state sales tax included at time of payment

*Bring your Lifeguard Training Book, Swimsuit and CPR mask.

*Must present current Lifeguard Card first day of class!!

- ◆ Friday March 22, 2018
 - 5:20 pm – 6:00 pm Course Prerequisites
 - 6:00 pm – 9:30 pm Water Skills Review

- ◆ Saturday March 23, 2018
 - 7:30 am – 12:30 pm CPR Review
 - 12:30 – 1:00 pm Lunch
 - 1:00 – 4:30 pm Final Testing

Any question please contact Kari Woelber at kariwoelber@my-cbrc.com or 509-943-8416



1776 Terminal Drive
Richland, WA 99354

PARENT / GUARDIAN PERMISSION
and
WAIVER AND RELEASE

Activity participating in: Lifeguard Recert Training Dates: _____

Activity Location: 1776 Terminal Drive, Richland, WA 99354

Participant: _____
Name Street State Zip

Date of Birth: _____ Home Phone: _____

Parent or Guardian: _____
Name Street State Zip

Parent Home Phone: _____ Cell Phone: _____

Other Emergency Contact: _____ Phone: _____
Name and Relationship

Allergies: _____ none or explain _____
Medications: _____ none or explain _____
Chronic condition: _____ none or explain _____

Columbia Basin Racquet Club makes no recommendation as to the above-named participant's fitness for the above-named activity. It is understood that the above-named participant and/or parent or guardian will be solely responsible for undertaking such activities and any/all health risks associated with such activities.

I hereby give permission for my child to participate in the activity listed above at the location listed above. I authorize Columbia Basin Racquet Club and its respective agent(s) and/or representative(s) supervising the above-named activity to administer emergency treatment to the above-named participant for any accident or illness. I authorize approval of necessary medical care by Columbia Basin Racquet Club's agent(s) and/or representative(s) as well any qualified licensed medical professional.

By signing this agreement, I hereby, for myself, my heirs, my executors, and administrators fully and forever waive and release any and all claims for damages I may have against Columbia Basin Racquet Club and their respective agents, representatives, successors and assignees for any and all injuries which may be suffered in connection with my participation in this activity.

Name of Parent or Guardian Signature Date

Name of Student Signature Date