

Lifeguard Recertification

April 30nd and May 1st

Cost of class:

Member \$80 for course
 \$40 for certification cards
 \$120

Non-member \$90 for course
 \$40 for certification cards
 \$130

*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 April 30, 2020
 - 5:30 pm – 6:30 pm Course Prerequisites
 - 6:30 pm – 7:30 pm Water Skills Review

- ◆ Saturday May 1, 2020
 - 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

PARENT / GUARDIAN PERMISSION

1776 Terminal Drive
Richland, WA 99354

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 _____

CBRC Health and Wellness Clinic 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 CBRC Health and Wellness Clinic 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