

Understanding and Consent

- All skills, tests and requirements must be passed.
- Written tests must be passed with a minimum of 80%.
- The student must attend *all* classes. Failure to attend all classes will result in non-certification. If a student is 15 minutes late for class more than 3 times they will be dismissed from the course.
- **REALIZING THIS CERTIFICATION CARRIES ENORMOUS RESPONSIBILITY:** A student *may not pass* regardless of scores/skill if the general attitude, participation and maturity level are deemed insufficient by the instructor. Students will be issued a warning if their attitudes are disruptive and/or uncooperative. It is the responsibility of the student to inform their parent/guardians if this situation occurs.
- ***Be prepared*** to take notes (bring highlighter, pen, & paper) and swim each class (bring swimsuit, towel & change of clothes).
- Be sure to eat sufficiently before each class, as the water skills can be very strenuous.
- Please take the necessary precautions if you wear contacts.
- Cut-off shorts for males are not allowed. Females ***must*** wear a secure one-piece swimsuit.
- Keep your personal possessions within your sight. As we are not responsible for lost or stolen items.
- Goggles/contacts cannot be worn to retrieve the brick so come prepared with contact case, etc.

Please detach and mail with payment to the address below; Registration form and payment need to be received ASAP – checks will not be cashed until the 1st day of class and will be refunded if the precourse swim is not achieved.

I have read the information above and fully understand what is necessary and expected of me to enroll and participate in this American Red Cross Lifeguard Course. I desire to participate in this class and absolve the instructors and facility where the class is conducted of any and all liability.

Student Signature: _____ Date: _____

If applicant is under age 18:

I desire and give permission for my child _____ to participate in the American Red Cross Life guarding Course with instructors James and Gina Hester. I absolve the instructors and facility where the class is conducted of any and all liability.

Parent Signature: _____ Date: _____

Students Name:

Address: _____ City: _____ State & Zip: _____

Home #: _____ Cell #: _____

Date of Birth: _____ Age: _____ Email: _____

Remit Payment to: Gina Hester, 505 Lynoak, Marshall, TX 75672