

## Participant Agreement/Registration Form 2017 - 2018

I agree to participate in a Lifeguard or Water Safety Instructor (WSI) & or Lifeguard Instructor (LGI) training course designed to provide me with certification as a lifeguard, WSI or LGI. I have no mental or physical impairment that would affect me in my ability to complete the course.

**I agree to:**

- Attend all listed class dates on time for successful course completion.
- Be attentive and listen to presentations and instructions given in order to learn the skills and techniques being taught.
- Follow instructions fully and completely, asking questions when I do not understand.
- Use skills or techniques I have learned in other classes only after I have been given prior approval from the instructors.
- Inform the instructors when I am not feeling well or when I feel that an exercise or drill may be beyond my ability.
- Inform the instructors immediately if I get hurt or injured during any training or class activity.

**I understand that:**

- If I drop out of my class after the first day, I will lose my registration fee.
- If I attend a class in its entirety and I fail I will not receive a refund.
- If I don't pass the CPR or Lifeguard portion of the Review class, I must take a Full lifeguard class.
- I understand that I may be discharged from this course at any time for disciplinary issues, attendance problems, or for lack of subject comprehension and skill proficiency.

**A few reminders:**

- You must register for a class in person.
- No confirmation will be mailed to you.
- You need to provide the Aquatic office with 48 hour notice if you will not be able to attend the class. You will lose your class payment if less than 48 hour notice is given, unless a doctor's note is provided.
- Each student is encouraged to have a doctor's approval to participate in a Lifeguard class.
- You will be required to reschedule your class if the one you sign up for does not meet the minimum number of students needed to hold a class.
- Retain your receipt for proof of payment.
- **No refunds will be given once the first day of class has started.**
- I also understand that if I no show no call for a class that I am registered for, I may not be eligible to work for the Aquatic Division and I will lose my registration fee.
- Contact the Aquatics Office at 512-974-9330 for any additional information.
- The certification you will be receiving is the American Red Cross Lifeguard certification.
- By accepting employment with the COA PARD you will release the American Red Cross certification to the Aquatics Division for the summer. You may request your certification on or after September 4, 2018.

**I understand that the Aquatic Division will hold on to my issued American Red Cross Lifeguard Certification. I agree to work for the City of Austin Aquatic Division during the 2018 summer season. The city shall have the right to release me from this obligation at its discretion and this agreement does not mean that the city has to employ me for any period of time.**



Course Code  Course Dates  City Skills Date

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Preferred Phone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Payment for:**

- \_\_\_ Free Recertification LG Course **R1 – R12**
- \_\_\_ \$20 Recertification LG Course **R13 – R23**
- \_\_\_ \$40 Recertification LG Course **R24 – R33**
- \_\_\_ \$20 Full Lifeguard Course **F1 – F9**
- \_\_\_ \$40 Full Lifeguard Course **F10 – F26**
- \_\_\_ \$45 Water Safety Instructor Course
- \_\_\_ \$100 Lifeguard Instructor Course
- \_\_\_ Free Waterfront Lifeguard Course

**All classes are offered only to current city employees and applicants.**

I understand by taking this class I will encounter risk. In consideration of a participant being allowed to participate in the registered class(s), the undersigned hereby releases the City, its employees and agents, from any action, claim or demand of personal injury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 years old, parent or guardian must sign in agreement with Aquatic Division policy.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Cash: \_\_\_\_\_  
 Check #: \_\_\_\_\_ MC/Visa: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

# What to bring with you to class:

## Recertification Classes:

Bathing Suit (NO Two-Piece)  
Towel (Optional)  
Pen  
Lunch or Lunch Money  
Goggles (Optional)  
Lifeguard Manual  
Seal-EZ (CPR mask)  
Fanny Pack  
Whistle  
Sunscreen  
Social Security Number  
Driver's License (or School ID)

## Full Classes:

Bathing Suit (NO Two-Piece)  
Towel (Extra)  
Pen  
Lunch or Lunch Money  
Goggles (Optional)  
Sunscreen  
Social Security Number  
Driver's License (or School ID)  
Seal-EZ/CPR Mask  
Lifeguard Manual

You will receive your CPR mask the first day of class (Full Class).

Make sure you print out and bring your Lifeguard Manual and CPR mask every day (Re-cert and Full Class).

## The Lifeguard Manual can be downloaded at:

[http://embed.widencdn.net/pdf/plus/americanredcross/jhlpoovbxz/LG\\_PM\\_digital.pdf?u=xm9usb](http://embed.widencdn.net/pdf/plus/americanredcross/jhlpoovbxz/LG_PM_digital.pdf?u=xm9usb)

- **Please know, ahead of time, what you want to claim on your W-4. Consult your parents if you need to.**
- **You need to have all of the above equipment before class starts. Instructors will not admit you into class if you do not have your equipment.**
- **Reminder: If you do not show up for your class you will lose your registration fee and you may not be considered for a job with the City of Austin Aquatic Unit.**

**Aquatic Office Main Number: 512-974-9330**

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## **Please initial below:**

\_\_\_\_\_

I agree to allow the City of Austin to hold my issued American Red Cross Lifeguard Certification until the date of Tuesday, September 4<sup>th</sup>. At this time, I may request a copy of my certification from the Aquatic Office.

## **Please sign and date below:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **If you are under the age of 18:**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_