

American Red Cross LIFEGUARDING COURSE

Registration Form SPRING 2017

Visit www.udayton.edu/studev/campusrec for more details on this course.

PARTICIPANT MUST COMPLETE THE PREREQUISITES TO REGISTER FOR THE AMERICAN RED CROSS LIFEGUARDING COURSE

PARTICIPANT MUST COMPLETE THE UNIVERSITY OF DAYTON'S EMERGENCY MEDICAL FORM IF THE PARTICIPANT IS UNDER THE AGE OF 18.

To register, please complete this form and submit by the registration deadline; choose one of the following:

- 1.) Bring the completed form with your payment to UDCR Main Office or Welcome Desk located in UDCR RecPlex.
- 2.) Fax this form to (937) 229-2703. A UDCR representative will call you for your credit card payment information.

Upon successful completion of the course, participants will receive a Red Cross Lifeguarding/First Aid certificate and a CPR/AED for Professional Rescuers certificate valid for two years.

Participant Information

PARTICIPANT'S NAME _____		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: mm/dd/yyyy _____	AGE _____
NAME OF PARENT/GUARDIAN (if under 18) _____		DAY PHONE _____	EVENING PHONE _____	
STREET ADDRESS _____	CITY _____	STATE _____	ZIP _____	E-MAIL _____
How did you find out about our lifeguarding courses?	<input type="checkbox"/> Flyer	<input type="checkbox"/> Email	<input type="checkbox"/> Friend	<input type="checkbox"/> Web Search
				Other _____

Select Option(s)

March 10-12, 2017 (Friday 4:00pm-10:00pm, Saturday and Sunday 9:15am-7:15pm)	
<i>Rate is determined by Parent/Guardian's UDCR Membership</i> <input type="checkbox"/> UDCR Member: \$180 <input type="checkbox"/> Non-member: \$200 <i>*Registration Deadline: March 3, 2017</i>	TO BE COMPLETED DURING REGISTRATION: Date preskills completed: _____ UDCR Staff Completing Transaction: _____
March 24-26, 2017 (Friday 4:00pm-10:00pm, Saturday and Sunday 9:15am-7:15pm)	
<i>Rate is determined by Parent/Guardian's UDCR Membership</i> <input type="checkbox"/> UDCR Member: \$180 <input type="checkbox"/> Non-member: \$200 <i>*Registration Deadline: March 17, 2017</i>	TO BE COMPLETED DURING REGISTRATION: Date preskills completed: _____ UDCR Staff Completing Transaction: _____
April 7-9, 2017 (Friday 4:00pm-10:00pm, Saturday and Sunday 9:15am-7:15pm)	
<i>Rate is determined by Parent/Guardian's UDCR Membership</i> <input type="checkbox"/> UDCR Member: \$180 <input type="checkbox"/> Non-member: \$200 <i>*Registration Deadline: March 31, 2017</i>	TO BE COMPLETED DURING REGISTRATION: Date preskills completed: _____ UDCR Staff Completing Transaction: _____
April 21-23, 2017 (Friday 4:00pm-10:00pm, Saturday and Sunday 9:15am-7:15pm)	
<i>Rate is determined by Parent/Guardian's UDCR Membership</i> <input type="checkbox"/> UDCR Member: \$180 <input type="checkbox"/> Non-member: \$200 <i>*Registration Deadline: April 14, 2017</i>	TO BE COMPLETED DURING REGISTRATION: Date preskills completed: _____ UDCR Staff Completing Transaction: _____
Participants will need to bring a hard copy of the 2017 American Red Cross Lifeguarding Manual- can be purchased or printed from the American Red Cross website. Please visit our website for further information on what to bring or how to obtain a manual. www.udayton.edu/studev/campusrec	

Total Due

Payment Method (check one)

Cash
 Check
 VISA
 MasterCard
 AmEx
 Discover

Participation Agreement

I recognize and acknowledge that use of UD Campus Recreation facilities, equipment, and programs entails certain inherent risks that could result in physical or emotional injury. I voluntarily and freely assume all risk of accident, injury, illness, or damage to or loss of property which I may sustain as a result of participating in any and all activities associated with UD Campus Recreation.

I hereby declare that I am in good health and have no mental or physical condition or symptoms that could interfere with my safety or the safety of others while participating in any activity using any equipment or facilities of UD Campus Recreation. Furthermore, I certify that I have adequate health insurance to cover any injury or damage that I may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages to myself.

I the undersigned do hereby release, hold harmless, indemnify, waive and discharge the University of Dayton and all its officers, agents, and employees from and against any and all claims, demands, actions or causes of action arising from any injuries or damages I may suffer or sustain from my participation in, or use of, any facility, equipment, and/or programs. Furthermore, in full recognition and appreciation of the potential dangers and hazards inherent in athletic and other activities, I do hereby agree to assume any and all risks, liabilities, and responsibilities for all accidents, injuries, damages, or property losses arising from my participation.

In the event of a medical emergency requiring more than basic first aid, I authorize University of Dayton officials and Board of Trustees of University of Dayton to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above statements.

Print Name of Participant

Print Name of Parent/Legal Guardian (if under 18)

Signature of Participant

Signature of Parent/Legal Guardian (if under 18)

Date

Date