

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

PARTICIPANTS MUST COMPLETE THE UNIVERSITY OF DAYTON'S EMERGENCY MEDICAL FORM, IF 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 prerequisites, participants will be able to register for an American Red Cross Lifeguarding Course or Review Course through the University of Dayton, Campus Recreation.

Prerequisites / Skill Requirements

- 1.) Participants must be at least 15 years of age prior to the final day of the course. Parent signature is required for participants under the age of 18 years old.
- 2.) Participants will be required to pass the American Red Cross lifeguarding prerequisites prior to continuing in the course. They should take time prior to the start of the course to practice and prepare. Participants are required to swim 300 yards alternating front crawl and breaststroke. There is no time limit for this portion, however they cannot stop at any point. Participants are also required to complete a brick retrieval skill. Starting in the water, they will swim 20 yards using front crawl or breaststroke, surface dive 7-10 feet, retrieve a 10-pound object, return to the surface, swim 20 yards back to the starting point with the object and exit the water without using a ladder or steps, within one minute, 40 seconds. The third component of the preskills is the ability to tread water for 2 minutes with hands tucked in the underarms.
- 3.) Participants that do not pass the prerequisites will not be permitted to enroll in the lifeguarding course

Participant Information

_____		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	_____		_____
PARTICIPANT'S NAME		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)

Sunday, February 19, 2017 (Registration Deadline: February 12)		
<input type="checkbox"/> 12:00pm-1:00pm COST: \$15	*Participants only need to register for one of the offered hour time slots.	TO BE COMPLETED DURING REGISTRATION: UDCR Staff Completing Transaction: _____
Sunday, March 12, 2017 (Registration Deadline: March 5)		
<input type="checkbox"/> 12:00pm-1:00pm COST: \$15	*Participants only need to register for one of the offered hour time slots.	TO BE COMPLETED DURING REGISTRATION: UDCR Staff Completing Transaction: _____
Sunday, March 26, 2017 (Registration Deadline: March 19)		
<input type="checkbox"/> 12:00pm-1:00pm COST: \$15	*Participants only need to register for one of the offered hour time slots.	TO BE COMPLETED DURING REGISTRATION: UDCR Staff Completing Transaction: _____
Sunday, April 9, 2017 (Registration Deadline: April 2)		
<input type="checkbox"/> 12:00pm-1:00pm COST: \$15	*Participants only need to register for one of the offered hour time slots.	TO BE COMPLETED DURING REGISTRATION: UDCR Staff Completing Transaction: _____
Participants will need swimsuit for preskills. Goggles and swim caps are optional for portions of the preskills.		

Total

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