

American Red Cross LIFEGUARDING REVIEW COURSE

Registration Form Spring 2017

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

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

PARTICIPANTS MUST BE CURRENTLY CERTIFIED IN AMERICAN RED CROSS LIFEGUARDING TO BE ELIGIBLE FOR THE REVIEW COURSE. COPY OF THE CURRENT CERTIFICATION MUST BE SUBMITTED AT TIME OF REGISTRATION.

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

_____		<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)

February 26, 2017 -- Sunday 9:15am-7:15pm	
<i>Rate is determined by Parent/Guardian's UDCR Membership</i> <input type="checkbox"/> UDCR Member: \$90 <input type="checkbox"/> Non-member: \$110 <i>*Registration Deadline: February 19</i>	TO BE COMPLETED DURING REGISTRATION: Date preskills completed: _____ UDCR Staff Completing Transaction: _____
April 2, 2017 -- Sunday 9:15am-7:15pm	
<i>Rate is determined by Parent/Guardian's UDCR Membership</i> <input type="checkbox"/> UDCR Member: \$90 <input type="checkbox"/> Non-member: \$110 <i>*Registration Deadline: March 26</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