

NORTHERN LEHIGH SWIMMING POOL
OFFERS
AMERICAN RED CROSS
LIFEGUARD CERTIFICATION CLASS

WHERE: Northern Lehigh Swimming Pool
* Northern Lehigh Middle School-room 35

WHEN: See dates below! All classes are mandatory.

*Thursday, May 23 - 5-9pm (Video: Recognition and Response)

*Friday, May 24 - 5-9pm - CPR/AED

Saturday, May 25 - 11am-6pm – **pre-req test; Water skills

Sunday, May 27- 9am-6pm - Water Skills , recert day

COST: \$275.00 - new student book, face mask, cert cards included
 \$150.00 - recert student

Pre - Requisite:

**300 yard swim; must swim 100 yards front crawl, 100 yards breast stroke and 100 yards of front crawl and/or breast stroke. There is no time limit on the swim but must be done in a reasonable time. Goggles are allowed for the swim.

**Must be able to tread water for 2 minutes with hands under arm pits or hands out of the water.

**Must swim 20 yards swimming front crawl or breast stroke beginning in the shallow end of the pool and surface dive picking up at 10 lb object in 9 feet of water. Retrieve the object and swim 20 yards on back with both hands on object (this skill does not allow goggles to be worn and must be completed in 1 minute and 40 seconds).

*registrations are nonrefundable

LIFEGUARD CERTIFICATION CLASS REGISTRATION FORM

TO REGISTER: SEND the completed form below with a check made out to
Northern Lehigh Swimming Pool
PO BOX 142
Slatington, PA 18080

NAME: _____

I am a new student I am a recert student

Age as of May 23, 2019 _____ Birth date: _____

Address: _____

Home Phone #: _____ Cell Phone#: _____

In case of emergency contact: _____ at phone # _____

Email #: _____

Medical Information: Physical conditions, allergies to food or insects, special needs:

I release the Northern Lehigh Swimming Pool from all claims that may result from my voluntary participation or my children(s) participation in the above program. I grant permission to an Emergency Medical Technician (EMT), physical or hospital to provide emergency medical care to aid myself and/or my child(ren) in the event of injury in conjunction with the above program.

Signature: _____ of Adult Participant or
Parent/Guardian if participant is a minor Dated: _____

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