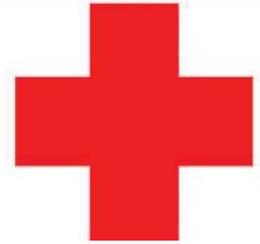


BELMONT RECREATION DEPARTMENT

**LIFEGUARD TRAINING COURSE
2015**

LIFEGUARD



DATES: **Saturday** **February 21**
 Saturday **February 28**
 Saturday **March 7**

SITE: Pool and Classroom 113 – Belmont High School

TIME: 9:00 A.M. – 6:00 P.M.

FEE: **\$345.00** **Full Course**

Make checks payable as follows:

\$45.00: Town of Belmont

\$300.00 Sara Varella

PRE-REQUISITES: Age 15 years and older

Must be able to swim 300 yards continuously (front crawl and breast stroke).

Tread water for 2 minutes with legs only.

Surface dive to retrieve 10 lb object in 7 feet of water.

NOTES: (All Certifications now last two years.)

ATTENDANCE FOR ALL CLASSES IS MANDATORY.

Space is limited.

Be prepared with suit and towel, and classroom materials each class meeting.

All participants must be registered for the course by February 20, 2015. Late registration fee will be applied after registration date.

Any cancellations made after February 20, 2015 will result only in a 50% refund, unless approved at the instructors' discretion.

Please disclose any physical limitations or disabilities and any chronic health concern with the instructor.

Goggles cannot be used during skill assessments.

Name _____

Address _____

Phone _____ Emergency # _____

Date of Birth _____ Age _____ Grade _____

E-Mail Address: _____

I, the undersigned, waive Belmont Recreation Department of all liability for any injuries, illnesses or loss of property while at Belmont Recreation Department's programs. In the event that I/my child should require any minor medical or surgical treatment and/or medication during Recreation Department programs, I authorize such physician or emergency care staff that the Belmont Recreation Department may appoint or designate to carry out the necessary treatment, or to take me/my child to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well being of myself/my child. It is understood, however, that if hospitalization or treatment of a more serious nature is required, I will be contacted by telephone for permission.

Parent/Legal Guardian

Date