

**BELMONT RECREATION DEPARTMENT
WATER SAFETY INSTRUCTOR TRAINING COURSE**

DATES: Spring 2015-Weekend-Saturday Sessions

Session 1: April 11
Session 2: April 25
Session 3: May 9

SITE: Pool & Classroom 113 —Belmont High School
TIME: 9:00a.m. - 6:00p.m.
FEE: Full Course- \$450



Make checks payable as follows:

\$45.00 Town of Belmont (70.00 if non-resident)
\$405.00 payable to Sara Varella
(Certification costs are included)

PURPOSE: To train instructor candidates to teach water safety, including the Basic Water Rescue course, six levels of Learn to Swim and Parent and Child Aquatics

Requirements:

- Minimum of age 16.
- Possess a Fundamentals of Instructor Training (FIT) course (which we will complete during first session)
- Successful completion of a pre-course session, consisting of tests of water safety and swimming skills and knowledge.
- Swim suits and towels needed each session as well as instructor candidate course materials.**
- Lunch and Snacks as well as plenty of fluids should be brought to each session.

ATTENDANCE IS MANDATORY

Space is limited to 10 participants. Each session will include several breaks including a lunch break. **Application Deadline is April 10, 2015.** *Note any disabilities or medical concerns of participant directly to instructor before the course begins.*

Name _____

Address _____

Phone _____ Emergency Contact Number _____

Date of Birth _____ Age _____ Grade _____

E-Mail _____

Other Certificates Held _____

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 Signature

Date