

CISD AQUATICS CENTER

1501 W. Southlake Blvd.
Southlake, TX 76092
(817) 949-8200 Ext.0

LIFEGUARDING CLASS SESSIONS

Red Cross Certified Instructors teach these sessions to prepare the student to be a **Red Cross Certified Lifeguard**. Students are also certified in **Basic 1st aid** and **CPR/AED** for professional rescuer. Cost includes all materials and equipment. Sessions are as follows:

| Class #1 | Class #2 | Class #3 |
|----------------------------|-------------------------|---------------------------|
| March 25-27 & April 2-3 | April 30-May 1, May 7-8 | May 13-15 & May 21-22 |
| Instructor : Radoyevich | Instructor: Scimone | Instructor: TBA |
| Fri. Mar. 25 -7:00-9:00 pm | Sat & Sun 1:00pm-8:00pm | Fri. May 13 7:00pm-9:00pm |
| Sat. & Sun. 8:00am-5:00pm | | Sat. & Sun. 1:00pm-8:00pm |

***A session is subject to cancellation if a minimum of 4 students is not met.**

Lifeguarding Class Cost:

CISD Residents: \$175.00
Non-Residents: \$192.50
Employee: \$157.00

Must be 15 years of age

***NOTE: FOR CPR RECERTIFICATON ONLY CALL THE OFFICE**

TO REGISTER:

Complete the form below, attach a check payable to CISD AQUATICS for the correct fee and submit to *Carroll ISD Aquatics Center, 1501 W. Southlake Blvd., Southlake, TX 76092.*

The below named participant is registering for the **Lifeguard / CPR** class beginning on: _____.

Amount Enclosed: \$ _____

Participant's Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip _____

E-mail: _____

DayPhone: _____ Eve.Phone: _____ Other: _____

Emergency Contacts: Name: _____ Relationship: _____

Telephone: _____ Alternate Phone: _____

Other Contact: _____

Relationship: _____

Telephone: _____ Alternate Phone: _____

Are there any medical conditions that the staff should be aware of?

Yes No If yes, please explain (continue on back if necessary) _____

Emergency Medical Authorization

In case of medical emergency, where emergency contacts cannot be reached, I authorize the staff of Carroll I.S.D. Aquatics Center, its agents or employees to procure and consent to any emergency medical treatment deemed necessary by a licensed medical doctor or dentist for the above named participant.

Participant or Parent/Guardian (if minor)

Date