

## 2020 LIFEGUARD PROGRAMS REGISTRATION FORM

Submit form to Martina Carvalho at [Martina.Carvalho@BSWHealth.org](mailto:Martina.Carvalho@BSWHealth.org) Payment can be made over the phone at 214-820-8178.

PARTICIPANT'S INFORMATION					
Participant's Name:		Age:		Sex:	
Street Address:		City:		State:	
Participant's Phone:		Participant's Email:			
How did you hear about us? (Please select one)		<input type="checkbox"/> American Red Cross	<input type="checkbox"/> Landryfitness.com	<input type="checkbox"/> Returning Student	
<input type="checkbox"/> City of: _____	<input type="checkbox"/> Employer: _____	<input type="checkbox"/> Facebook	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Facility, Organization or City interested in for employment (may list multiple or leave blank if unsure):					
Payment:	Please provide the best phone number at which to reach you for collection of payment:				

EMERGENCY CONTACT INFORMATION	
Emergency Contact Name:	Relation to the Participant:
Home Phone:	Cell Phone:

### CLASS SELECTION

<p><b>For all class categories:</b> Classes marked with an * are scheduled for unique days and time as listed in brackets. Testing and re-testing may extend class times. Listed times include breaks.</p> <p><b>Lifeguard Training Class (\$235)</b></p> <p>Includes certification in Bloodborne Pathogens Training.</p> <p>Class sessions are held Friday-Sunday unless otherwise noted.</p> <p>Friday 5:00pm – 10:00pm Saturday 9:00am – 5:00pm Sunday 9:00am – 5:00pm</p> <p><b>Session Dates</b></p> <p><input type="checkbox"/> March 13 – 15 (LG1) <input type="checkbox"/> March 20 – 22 (LG2) <input type="checkbox"/> April 3 – 5 (LG3) <input type="checkbox"/> April 24 – 26 (LG4) <input type="checkbox"/> May 1 - 3 (LG5)</p>	<p><b>Lifeguard Training cont.</b></p> <p><input type="checkbox"/> May 8 - 10 (LG6) <input type="checkbox"/> May 15 - 17 (LG7) <input type="checkbox"/> May 22 - 24 (LG8) <input type="checkbox"/> June 5 - 7 (LG9) <input type="checkbox"/> June 12 - 14 (LG10)</p>	<p><b>Lifeguard Review (\$125)</b></p> <p>Includes certification in Bloodborne Pathogens Training.</p> <p>Saturday 9:00am – 7:00pm Sunday 9:00 – 7:00pm</p> <p><b>Session Dates</b></p> <p><input type="checkbox"/> March 15 (LGR1) <input type="checkbox"/> March 22 (LGR2) <input type="checkbox"/> April 19 (LGR3) <input type="checkbox"/> April 26 (LGR4) <input type="checkbox"/> May 3(LGR5) <input type="checkbox"/> May 17 (LGR6)</p>
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<p><b>Please confirm that you have read and understand the following information posted on our website:</b></p> <p>I have read and understand the course prerequisites <input type="checkbox"/></p> <p>I have read through the Frequently Asked Questions <input type="checkbox"/></p>	<p>I _____ hereby enroll myself in the lifeguard training program. I waive all claims against the BTLFC, the Baylor Health Care System and any of its affiliates, including all employees of each entity. I have no current health problems that would prevent me from participating fully in this program. I hereby give consent to be medically treated for injury or illness if the need arises while I am attending class.</p> <p>Signature (Parent's if minor): _____</p>
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