



AMERICAN RED CROSS



2011 LIFEGUARD & WSI CLASS INFORMATION

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AMERICAN RED CROSS LIFEGUARD COURSE

COURSE DESCRIPTION:

15+YRS 32 HR CLASS This program is designed for those who desire to earn their American Red Cross Lifeguard Certification. Participants will learn basic life saving skills including water rescues, CPR for The Professional Rescuer, AED and First Aid training.

PREREQUISITES: 3) The prerequisites for LG class also need to be more specific; a) Swim 500 continuous yards in the following order: 200 yards freestyle, 200 yards breaststroke, then 100 yards of either free or breast; b) Swim 20 yards, surface dive to 10 feet, retrieve a 10 pound object, return to surface, swim back to the starting point with the object and exit the water within 1 min. 40 sec; c) Tread water for 2 min. without using hands. To pass the course participants **MUST** complete the following: 1) attend all classes, 2) complete 3 skill scenarios and 3) pass written tests. **MUST ATTEND ALL DAYS AND COMPLETE AND PASS ALL TESTS. NO MAKE UPS ALLOWED. No make-ups for lost class time. If a student comes to class more than 10 min. late to the start of class or is late returning from a break for any reason that individual will be automatically failed from the class and there will be NO REFUNDS available. NO CLASSES HELD: 5/25, 5/30. CLASS ON 4/18 (ONLY) WILL BE HELD FROM 9:30AM-5:30PM.**

CODE:	SESSION:	DAYS:	DATES:	TIMES:
3082.101	1	M-F	4/18-4/25 4/18 9:30AM-5:30PM 4/25 6-10PM	9:30AM-5PM
3082.201	2	M/W	5/2-6/6	6PM-10PM

MUST ATTEND ALL CLASSES, AND COMPLETE/PASS ALL REQUIREMENTS TO RECIEVE CERTIFICATES

AMERICAN RED CROSS WATER SAFETY INSTRUCTOR CLASS

16+YRS 40 HR CLASS This program is designed for those who desire to earn their American Red Cross Water Safety Instructor Certification. The primary purpose is to help people learn to be safe when they are in, on or near water. The program covers skills and knowledge in logical progression for aquatic skill development. As participants develop these skills, they will become safer and better swimmers. **MUST ATTEND ALL DAYS AND COMPLETE AND PASS ALL TESTS. NO MAKE UPS ALLOWED.** Prerequisites: Swim the following strokes for 25 yards: front crawl, back crawl, breaststroke, sidestroke & elementary backstroke. Swim butterfly for 15 yards. Back float for 1 min. Tread water for 1 min. No make-ups for lost class time. **If a student comes to class more than 10 min. late to the start of class or is late returning from a break for any reason that individual will be automatically failed from the class and there will be NO REFUNDS available. NO CLASSES HELD: NO CLASSES HELD: 4/23, 4/30, 5/7, 5/25 AND 5/28. CLASS ON 4/9 (ONLY) WILL BE HELD FROM 9AM-3PM.**

CODE:	SESSION:	DAYS:	DATES:	TIMES:
3083.101	1	T/TH	3/22 4/14 4/22 5:10P	6PM-10PM
3083.201	2	SAT	4/16-6/18 4/16 9AM-3PM	9AM-4PM

CANCELLED

MUST ATTEND ALL CLASSES, AND COMPLETE/PASS ALL REQUIREMENTS TO RECIEVE CERTIFICATES

ALL STUDENTS ARE TO BRING TO EVERY CLASS: SWIM SUIT, TOWEL, EXTRA CLOTHES, SUNBLOCK, CLASS MATERIALS AND SNACK.

**CALABASAS TENNIS & SWIM CENTER
23400 PARK SORRENTO CALABASAS, CA, 91302**



REGISTRATION

PLEASE PRINT NEATLY

Adult's Name: _____
 (Last) (First)
 Address: _____ City & Zip: _____
 Home Phone: _____ Work Phone: _____

CODE #:	CLASS NAME:	PARTICIPANT NAME:	SEX	STUDENT BIRTH DATE:	FEE:

TOTAL FEES:

Method of Payment: CHECK ONE Cash: ___ Check: ___ MasterCard: ___ Visa: ___

MAKE CHECKS PAYABLE TO THE CITY OF CALABASAS

Name that appears on card: _____

Billing

Address: _____

Card#: _____ EXPIRES: ___/___

The undersigned hereby agrees to defend, indemnify, and hold harmless the City of Calabasas and its officers, employees and agents from any and all loss, liability charges and expenses (including attorney's fees) and cost which may have risen of participation In any program. (The City does not provide accident, medical, worker's compensation insurance or any other insurance for program participants in any program). As parent/guardian, I hereby consent emergency treatment of my minor child as a result of accident or injury. I further agree to pay and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for this intended use. Once having conducted the inspection, I hereby agree to expressly assume the risk of participating at the premises. I understand the City retains the right to use photos taken during activities for publicity purposes.

Adult/parent Signature: _____ Date: _____ BirthDate: _____

SIGNATURE AND BIRTHDATE ARE REQUIRED TO PROCESS REGISTRATION

Please indicate if this participant has special needs:

__Visually Impaired __Hearing Impaired__ Mobility Impaired __ Learning Impaired__ Other Needs: _____

GENERAL INFO:

1. Receipts & confirmation Will be mailed with in 2 weeks of receipt of your registration form.
3. It is the parent/guardian or the participants Responsible to notify the instructor or the City of any reasonable accommodations necessary to participant in the class (as) or program(s) as described in this brochure.

WALK-IN:

23400 Park Sorrento
 Calabasas, CA, 91302

FAX:

818 222-8602
 818 880-6457

QUESTIONS?

CALL 818 222-2782

MAIL-IN:

Fill in registration form and mail with full payment to:

Calabasas Tennis & Swim

23400 Park Sorrento
 Calabasas, CA, 91302

De Anza Park

Community Services

3701 Lost Hills Rd.
 Calabasas, CA, 91302

