



2018 Lifeguard Training Registration



Guardian Last Name _____ Guardian First Name _____

Address _____ City _____ Zip _____
() () () ()

Home Phone _____ Cell Phone _____ Work Phone _____ Emergency Phone _____

Visa MC

Email: _____

Cash Check

Check # : _____ Received by: _____

Participant Information

| Participant First Name | Participant Last Name | DOB | Gender | Activity # | FEE |
|------------------------|-----------------------|-----|--------|------------|-----|
| | | / / | M / F | | |
| | | / / | M / F | | |
| | | / / | M / F | | |
| | | / / | M / F | | |

Participant Release _____ Total Fees: _____

I, the below signed as adult (or the parent), do hereby release the City of Delta, its agents or employees, from liability for injuries or damages which may result to myself (my child) as a result of the participation of myself (my child) in the City of Delta Recreation Program. Further, the applicant agrees to save and hold harmless the City of Delta, its officers, agents, or employees, for any damages or personal injury which may result from activities.

Signature _____

Date _____



American Red Cross

Become a Lifeguard Register Now

REGISTRATION DEADLINE IS 3 BUSINESS DAYS BEFORE THE COURSE

| √ | Description | Dates | Time | Days | Activity # | FEE |
|---|------------------------------|----------|---------|---------|------------|----------|
| | Blended Learning LG Training | JUNE 4-8 | 9am-4pm | Mon-Fri | 110-4G | \$100.00 |

*Please note that this is a BLENDED learning course- internet access and valid email address are required.