Milford Recreation Department

1 Union Square ~ Milford, NH 03055 Phone (603) 249-0625 ~ Fax (603) 673-2273 Summer 2009

www.milford.nh.gov

Lifeguarding Certification ARC Lifeguarding with CPR and AED Course

WHO:15 years of age or olderWHERE: Keyes Memorial Pool - Elm Street, MilfordWHEN:August 3-7th Monday-Friday with a makeup date the following MondayTIME:1:00 - 5:00 pm; Saturday TBACOST:\$175 per person includes course materials and certification.

TO REGISTER for LIFEGUARDING Class Pre-registration is required. Walk-ins are NOT accepted.

Registration deadline is Thursday June 11th. Every effort will be made to accept late registrations if space is available. Mail in complete registration form or in person at the Recreation Dept. or at the pool during pool season.

- CLASS SIZE LIMITED TO TWELVE PARTICIPANTS.
- Prerequisites: You will be tested for stroke competency in the following strokes, front crawl, backstroke, breaststroke, sidestroke, elementary backstroke, butterfly and basic water safety skills.
- Complete this Registration Form, with the PARENT or GUARDIAN SIGNATURE if under 18 years of age.
- Payment must accompany Registration Form. Checks are made payable to "Milford Recreation Dept." RETURN CHECK FEE IS \$25.00.
- No Refunds past registration deadline.

Lifeguarding Course Description

Teaches the skills and knowledge needed to prevent and respond to aquatic emergencies. ARC Lifeguard Certification will cover techniques in:

- Surveillance skills to help you recognize and prevent injuries
- Rescue skills in the water and on land
- First aid training and professional rescuer CPR to help you prepare for any emergency
- Professional lifeguard responsibilities like interacting with the public and addressing uncooperative patrons

Upon Successful completion of the course, the student will be granted a lifeguard training and first aid certification (valid for 3 years) and a CPR/AED for the professional rescuer certification (valid for 1 year).

2009 RECREATION Lifeguarding Course

NAME	Address, Town, Zip		
Home Phone	E-Mail:		
Emergency Contact Name	Relation	Phone	

EMERGENCY TREATMENT, RELEASE & WAIVER AGREEMENT:

** I am aware of the hazards of the activity/sport and the risk of injury in this athletic program. I certify that I am in good physical condition and am able to safely participate in this physical activity/sport.

** I assume all risks and hazards incidental to such participation, including transportation to and from activities, and do hereby waive, release, indemnify and agree to hold harmless the Town Recreation Department, volunteers and staff, team or league sponsors from all liability for any and all loss or damage, and any claim arising out of injury to myself or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

** In case of emergency, I hereby give my permission to the medical personnel selected by the manager and staff, to act as my agent to hospitalize, secure proper treatment for, to order x-rays, routine tests, or other medical treatment for myself. PLEASE let the instructor know of any medical or health concerns or instructions before participating.

SIGNATURE_

DATE

(If under 18 a parent/guardian must sign)

** PLEASE LIST ALL medical concerns or instructions that the pool staff should know regarding your health. (i.e. medications, allergies, etc.)

For Office Use Only *Amount* \$

** One Form per Participant **

Cash \Leftrightarrow Check \Leftrightarrow _