



NYS Pool Management Company Inc. American Red Cross Waterfront Lifeguard Training Registration Form

Name: _____ Date of Birth _____

Address: _____

Town: _____ State/Zip: _____

Phone: _____ Cell: _____

e-mail: _____

Class Dates (Check one):

Location	Lifeguard Certification		
Bon Aire Pool	Fri, Sat & Sun	April 19 th -28 th	Fri 5-9pm Sat & Sun 8:00am-4:00pm
Bon Aire Pool	Fri, Sat & Sun	May 3 rd -12 th	Fri 5-9pm Sat & Sun 8:00am-4:00pm
Bon Aire Pool	Wed, Thurs, Friday, Sat, Sun	May 15 th -19 th	Wed/Thurs/Fri 5-9pm Sat & Sun 8:00am-4:00pm
Bon Aire Pool	Mon, Tues, Wed, Thurs, Friday	May 20 th -May 24 th	4-9pm
	Lifeguard Recertification Class		
Bon Aire Pool	Monday & Tuesday	May 13 th & May 14 th	4-9pm
Bon Aire Pool	Monday & Tuesday	May 20 th & 21 st	12-4pm
Bon Aire Pool	Wednesday & Thursday	May 22 nd & 23 rd	12-4pm

****All Lifeguard Candidates must pass the Pre-Requisite Swim Test
Prior to taking the Class****

Pre-Requisite Swim Test includes:

- 1) **550 yard swim- 22 continuous laps of either front crawl or breaststroke must be swam. Goggles are allowed. One full Length of Front Crawl & Breaststroke must be demonstrated showing proper breathing.**
- 2) **Retrieve 3 rings from the bottom of the pool placed approximately 5 yards apart in 4-7 feet of water. Must be accomplished in one breath.**
- 3) **Swim 20 yards, retrieve 10 pound brick from bottom of deep end, return to the surface, swim 20 yards to return to the starting point with both hands holding the brick and keeping the face at or near the surface of the water. Time stops when candidate exits the pool. This must be completed in 1 min 40 sec, goggles are not allowed.**
- 4) **Must be 15 upon the completion of Lifeguard Class, NO EXCEPTIONS**

_____ **If unable to pass the pre-requisite test, no refund will be processed. Initial & Date**

Please note: pre-registration and payment is required for all classes. Class size is limited, please register early.

Member: \$275.00*

Non-Member: \$325.00

Recertification Member: \$125*

Non-Member \$150

Total enclosed: \$ _____

Check (payable to Melissa Olsen)

Office Use only: Member/Non-Member Receipt # _____ ** Review refund policy and check initials. Staff Signature _____

*** Discount awarded to Aqua Gems Swimmers and New York Sharks Swimmers**

Aqua Gems Swimming

Melissa Olsen

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