

Stayton Family Memorial Pool



**American
Red Cross**

REGISTER NOW!

Together, we can save a life

City of
Stayton
OREGON

LIFEGUARD CERTIFICATION

Class Pre-Requisites *MUST BE COMPLETED BY March 13th* in order to participate in training. Lifeguard manual is available for download on staytonoregon.gov website.

(Must be verified by appointment with lifeguard instructor

and completed prior to March 13th.)

- ◇ Must be 15 years of age on or before the final scheduled session of this course.
- ◇ Swim 300 meters continuously demonstrating breath control and rhythmic breathing. Candidates may swim using the front crawl, breaststroke or a combination of both, but swimming on the back or side is not allowed. Swim goggles may be used.
- ◇ Tread water for 2 minutes with hands under arm pits using only the legs.
- ◇ Complete the timed "brick test" within 1 minute and 40 seconds.
 1. Starting in the water, swim 20 meters. The face may be in or out of the water. Swim goggles are not allowed.

DATE: March 14 - 15, and March 21-22, 2020

TIME: 8:00 am - 4:00 pm

LOCATION: Stayton Family Memorial Pool
400 W Virginia St. Stayton, OR

FEE: **\$50 non-refundable deposit** (must be register by March. 2nd). Final payment \$150.00 (payable to City of Stayton). Due before start of class

AGES: Must be 15 years of age on or before the final scheduled session of this course..

REGISTRATION: Please drop registration off at the Stayton Pool or register online at staytonoregon.gov By **March 2nd with deposit** to guarantee a spot.

INFORMATION: Contact : Billie Maurer
Aquatic Facility Manager- Stayton Family Memorial Pool
W) 503-767-7665
E) bhightmaurer@ci.stayton.or.us
W) www.staytonoregon.gov

Participants:

- ◆ Must attend all Classes. (Tardiness will not be tolerated.)
- ◆ Blended learning classes. Course length: 19 hours, 30 minutes in-person and 7 hours 30 minutes online. Total - 27 hours.
- ◆ Online portion must be completed prior to first class.
- ◆ Computer or tablet required for online section.
- ◆ Lifeguard Manual available for download at staytonoregon.gov.

What to bring:

- ◆ Towel, Swim suit, pen/pencil, food and drink.



Stayton Family Memorial Pool

400 W Virginia St. Stayton, Or 97383 503-767-7665

Lifeguard Registration Form



**American
Red Cross**

Last Name _____ First Name _____ D.O.B _____ M F

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Email Address _____

Parent / Guardian Name (if participate is under 18yrs) _____

Day Ph# _____ Evening Ph# _____

Emergency Contact _____ Ph# _____

Doctor's Name _____ Ph# _____

Preferred Hospital _____ Ph# _____

Consent Form-Please Read and Sign:

I realize that this and all activities pertaining to the Stayton Family Memorial Pool involve certain inherent risks and, regardless of precautions taken by the Stayton Family Memorial Pool and the participants, injuries may occur. I agree that I have been informed of, understand and acknowledge those inherent risks. I certify that the participant's present level of physical condition is consistent with the demands of active participation in this Stayton Family Memorial Pool program. I agree to forever release, discharge, and agree not to sue the Stayton Family Memorial Pool for liability from any and all loss or damage, whether or not caused by negligence, either active or passive, on behalf of the Stayton Family Memorial Pool. I will indemnify and hold the Stayton Family Memorial Pool harmless from any and all claims made by other entities. I assume all the risks and hazards incidental to the conduct of Stayton Family Memorial Pool programs and I do further release, absolve, indemnify, and hold harmless the Stayton Family Memorial Pool staff, the organizers, sponsors, supervisors, volunteers, and officials of any and all of them. In case of injury, I hereby waive all claims against the organizers, sponsors, staff or any of the supervisors appointed by them. I also acknowledge that participants may be photographed providing opportunity for Stayton Family Memorial Pool promotions.

Minor Medical Release and Consent Form:

As Parent and/or Guardian, I do hereby authorize the treatment of my child by a qualified and licensed medical doctor of this participant in the event of a medical emergency as deemed necessary by the attending physician.

Parent

Signature: _____ Printed Name: _____ Date: _____

Participant's

Signature: _____ Printed Name: _____ Date: _____

Office Use:

Rec'd By: _____ Payment type: _____ Amount: \$ _____ Date: _____ Staff: _____