

American Red Cross Lifeguard & CPR Training Course*

(*Not Recertification)

Registration Form

Spring 2017

Open to students who are at least 15 and adults. One must pass a swim test during first session to enter this standard American Red Cross course of certification in adult and child First Aid, CPR & AED training. Successful candidates will receive all the certifications necessary for employment as a lifeguard in New York State. Proof of age is required and there are NO absences allowed during any portion of this course. Instructor Lyle Hamm is WSI and Lifeguard Certified by the American Red Cross. **Registration deadline is March 1, 2017.**

Date: Sundays - March 12, 19, 26, April 2, 9, 23, 30, May 7 & 14

Time: 8:30 AM – Noon

Instructors: Lyle Hamm

Tuition Fee: \$85.00 / Materials \$77.00 = \$162.00 Total

Location: Aquatic Center

Entrance: Aquatic Center

PARTICIPANT RELEASE

_____ does hereby covenant and agree to release and hold harmless the Taconic Hills Central School District from and against any liability, loss, damages, claims or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out participation in the Taconic Hills CSD Continuing Education Program. I understand participation in the Taconic Hills CSD Continuing Education Program may involve rigorous physical activity and risks of physical activity injury. I understand that the risks include a full range of injuries, from minor to severe, including death. Although protective equipment may be used, safety rules employed, coaching instruction provided, medical care provided and other efforts taken, there is no guarantee that I will not be injured. I hereby consent to emergency transportation and treatment in the event of illness or injury. I hereby accept the responsibility for the payment of any emergency transportation or treatment. I further certify that I am in good physical condition and I have no medical or physical conditions that would restrict my participation in this event.

I agree to assume and accept these risks.

PARTICIPANT SIGNATURE

DATE

Emergency Contact Information:

Emergency Contact Name: _____

Relationship to Participant: _____

Telephone Number(s): _____

Taconic Hills Continuing Education Spring 2017

REGISTRATION FORM

Name: _____

Address: _____

Phone: _____

Email: _____

NO WALK-INS ALLOWED TO ANY CLASS.

Please direct questions to:

Linda Miller at (518) 325-2813 or by email: lmiller@taconichills.k12.ny.us
Continuing Education Courses are held on the Taconic Hills Central School
District campus located at: 73 County Route 11A Craryville, New York 12521

Please include payment with checks payable to: Taconic Hills CSD

Return registration section and mail payment to:

Taconic Hills Central School District c/o Business Office 73 County Route 11A Craryville, NY 12521

FOR OFFICE USE ONLY:

Date Received: _____

Received From: _____

Amount: _____

Cash Check # _____

Received by: _____