



**AMERICAN RED CROSS  
LIFEGUARD TRAINING/  
WATER FRONT MODULE &  
CERTIFICATIONS COURSE**

Camillus Parks and Recreation is offering an American Red Cross Lifeguard training/water front module and certifications course at the West Genesee High School Pool. **Applicants must be at least 15 years old prior to 3/30/15.**

- COST:** \$245 WG/Town of Camillus Residents, \$255 Non Residents
- DATE:** Monday, April 6 – Friday, April 10
- TIME:** 9:00 AM – 3:00 PM (see below for details)
- LOCATION:** West Genesee High School (meet at the pool)

For further information or to register for the course, please contact the Town of Camillus Parks and Recreation office at 487-3600. Mail - In registration form on back.

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**PROGRAM INFORMATION**

| <u>TIME</u>  | <u>LOCATION</u>  |
|--|--|
| <b><u>Monday-Friday</u> 9:00am- 12:00/1:00pm<br/>1:00pm - 3:00pm</b> | <b>West Genesee High School Pool<br/>Classroom instruction</b> |

- Applicants should bring:
- Swim Suit
  - Towel
  - Goggles
  - Lunch

# REGISTRATION FORM

- Pen/Pencil

**Return Form with payment to: Camillus Parks & Recreation  
(or in person at Shove Park)  
4600 West Genesee Street, Syracuse NY 13219  
487-3600**

## HOUSEHOLD INFORMATION

|                               |            |            |       |
|-------------------------------|------------|------------|-------|
| PARENT/GUARDIAN NAME          |            |            |       |
| ADDRESS                       |            | CITY       | ZIP   |
| HOME PHONE                    | WORK PHONE | CELL PHONE |       |
| EMAIL (DO NOT USE WORK EMAIL) |            |            |       |
| EMERGENCY CONTACT NAME        |            |            | PHONE |

## PARTICIPANT INFORMATION

| NAME | SEX | GRADE | BIRTH DATE | PROGRAM/SESSION/TIME |
|------|-----|-------|------------|----------------------|
|      |     |       | / /        |                      |
|      |     |       | / /        |                      |
|      |     |       | / /        |                      |
|      |     |       | / /        |                      |
|      |     |       | / /        |                      |

## SPECIAL NEEDS/ LIMITATIONS

|  |
|--|
| <input type="checkbox"/> NO <input type="checkbox"/> YES (explain) |
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## WAIVER FOR PARTICIPATION

**WAIVER MUST BE READ AND SIGNED BEFORE REGISTRATION IS ACCEPTED.**

I assume all risks and hazards incidental to the conduct of the program(s), which I have listed, and to hereby further release and hold harmless the Town of Camillus & Town of Camillus Parks and Recreation staff. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary for myself/my child when normal permission is unavailable. I certify that I/my child am in good physical health and have no limitations other than those I have listed, which may predispose me to risk during this program. I also fully realize that I must provide proper hospitalization. The Town of Camillus does not provide health insurance coverage.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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| <b>We accept Credit Cards. Please call 487-3600 for details.</b> |
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