



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.

PROGRAM INFORMATION

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

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

We accept Credit Cards. Please call 487-3600 for details.