

TREFETHEN AQUATIC CENTER
Mills College
5000 MacArthur Blvd • Oakland, CA • 94613 • 510/430-2170
Lifeguarding Instructor Registration

PLEASE PRINT LEGIBLY

Date _____ E-mail _____
Student's Name _____ Age & Birth date _____
Parent/Guardian _____ Home Phone _____
Home Address _____ City/Zip _____
Work Address _____ (mother/father) Work Phone _____

In Case of Emergency:

Notify _____ Relationship _____
Hospital _____ Medical Group _____ Dr. _____

Course Prerequisites:

- Minimum age of 17
- Possess one of the following:
 - Current American Red Cross certificate for Lifeguarding/First Aid/CPR/AED
 - Current American Red Cross certificate for Lifeguarding/First Aid **AND** either an American Red Cross certificate for CPR/AED for the Professional Rescuer or CPR/AED for Lifeguards.
- Successfully complete the 2.5 hour On-line Session for the Lifeguarding Instructor course to the prior to the first class meeting. When you register you will be given directions for accessing this website.
- Bring whistle and pocket masks.

Course Fees:

\$200—*includes* all texts and materials and Red Cross fees.

Lifeguarding Instructor Course—February 11 & 12, 2012, 8 am-6 pm

OFFICE USE ONLY: Paid \$ _____ Cash _____ Ck # _____ CCard _____ Initials _____

I am aware that this is a potentially dangerous activity and involves certain risks including but not limited to, risks from body contact, falls and collisions, carelessness, contact with equipment, weather problems, communicable diseases, heat exhaustion, sun exposure, drowning, ear infections, eye and skin irritations, risks from physical exhaustion, exposure to chemicals and other similar risks in a pool environment, stolen personal property, and physical confrontation with other participants and non-participants.

I understand these risks and on behalf of myself or my child or ward, I agree to indemnify and release Mills College, its officers, volunteers, agents, and employees and all sponsors from all liability, claims, damages, and actions, and related costs and expenses (including reasonable attorney's fees) that may arise out of participation by my child or ward in this activity.

As a parent/guardian or participant, I hereby consent to emergency treatment for my child or ward or myself as a result of an accident or injury. I further agree to pay any and all costs incurred as a result of said treatment.

I grant permission to Mills College to use any photographs taken of myself or my child during this activity in promotion and/or advertisement of this program.

I have fully read this LIABILITY RELEASE, including the Participant Guidelines and Refund Policy on the reverse side of this form and understand their content. Furthermore, I have explained the significance of this release of liability and Participant Guidelines to my child or ward.

Signed _____ Date _____
Participant, if over age 18, or Parent/Guardian