



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Sussex County YMCA American Red Cross Lifeguard with Waterfront Training Registration Form 2019

Name: _____ Date of Birth _____
 Address: _____
 Town: _____ State/Zip: _____
 Phone: _____ Cell: _____
 E-mail: _____

Class Dates (Check one):

<input type="checkbox"/>	Mon – Fri	April 22 – 26	9:30a – 4:30p
<input type="checkbox"/>	Mon – Wed	May 28, 29, June 3, 4, 5, 10, 11 & 12	4:30p – 9:00p
<input type="checkbox"/>	Mon – Fri	June 24 – 28	9:00a – 4:00p
<input type="checkbox"/>	Mon – Fri	August 5 – 9	9:00a – 4:00p

****All lifeguard candidates must pass the pre-requisite swim test prior to taking the class and be a minimum of 15 years old****

Pre-Requisite Swim Test includes:

- 1) **550 yard swim- 22 continuous laps of either front crawl or breaststroke must be swam. Goggles are allowed. One full Length of Front Crawl & Breaststroke must be demonstrated showing proper breathing.**
- 2) **Retrieve 3 rings from the bottom of the pool placed approximately 5 yards apart in 4-7 feet of water. Must be accomplished in one breath.**
- 3) **Swim 20 yards, retrieve 10 pound brick from bottom of deep end, return to the surface, swim 20 yards on back to return to the starting point with both hands holding the brick and keeping the face at or near the surface of the water. Time stops when candidate exits the pool. This must be completed in 1 min 40 sec, goggles are not allowed.**
- 4) **Tread water for two minutes using just your legs. Hands/Arms must be tucked into the arm pits or at the surface of the water.**

_____ If unable to pass the pre-requisite test, no refund given. Initial & Date

****Attendance at all classes is mandatory; failure to do so will result in an incompleteness of class.**

Please note: pre-registration and payment is required for all classes. Class size is limited, please register early.

YMCA Facility Member: \$300.00

Community Member: \$350.00

Total enclosed: \$ _____ Check (payable to Sussex County YMCA)

_____ Credit Card (circle one) VISA MC Discover AMEX

Card # _____ Exp Date: _____ Signature _____

Office Use only: Receipt # _____ ** Review refund policy and check initials. Staff Signature _____

SUSSEX COUNTY YMCA
 15 Wits End Rd Hardyston, NJ 07419
 P 973 209-9622 F 973 209-1483
 www.sussexcountyyymca.org