



# Lifeguard Certification

## May 24th and 25th

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### Prerequisites:

- Must be 15 years old, bring proof of age
- Be able to swim 300 yards, freestyle, breaststroke or a combination of the two, face in the water.
- Swim 20 yards, surface dive to a depth of 7-10 feet and retrieve a 10 lb. object, return to the surface, swim 20 yards to the starting point with the object and exit the water without using a ladder or steps, within one minute and 40 seconds.
- Tread water continuously for two minutes unsupported with hands in armpits.

**Prerequisites must be completed on Friday, May 18th at 6:30 PM at the Y in order to participate in the class the following week.**

**There is also a 10 hour online portion of the class that must be completed prior to class**

### Class Times:

Thursday: 8 AM—6 PM  
Friday: 8 AM - 6 PM

**YOU MUST BE PRESENT FOR ALL OF THE CLASSES! NO EXCEPTIONS**

### Fees:

\$200 class fee  
Please make checks payable to the YMCA  
\$75 nonrefundable



**This course is designed to teach lifeguards the skills and knowledge needed to prevent and respond to aquatic emergencies. Certification will be issued to candidates who successfully complete requirements in the American Red Cross Lifeguard and First Aid Course, CPR for the Professional rescuer, all will be taught in the class. Taking the class doesn't guarantee passing the class. If you need to practice swimming before the class or if you have any questions contact Kim at 402-223-5266 or email at [kseggerman@beatriceymca.org](mailto:kseggerman@beatriceymca.org)**

Participant's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

If wanting to pay by credit card please fill out the following:

Name on card: \_\_\_\_\_ Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_

**Parent Consent: My child has approval and consent to participate in the Lifeguarding course offered by the YMCA. I understand that the YMCA, Instructors or Aquatics Coordinator assume no liability for any accident or injury that may occur during the course of the program.**

Participant or

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### FOR OFFICE USE ONLY

Program Fee: \_\_\_\_\_

Date: \_\_\_\_\_ Amt Due: \_\_\_\_\_

Payment Method:  CC  Cash

Check: \_\_\_\_\_

Staff Name: \_\_\_\_\_