



Lifeguard Certification

May 4th—6th

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 arm pits.
- Must complete the online portion and bring proof of completion.

Class Times:

Friday 5:00 - 10:00 PM
Saturday 8:00 AM - 8:00 PM
Sunday 8:00 AM - 6:00 PM

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

Fees:

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



Prerequisites must be completed on Friday, April 27th at 6:30 PM at the Y in order to participate in the class the following weekend.

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 Hannah at 402-223-5266 or email at helliott@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: _____