

Lifeguard Certification Pelican Athletic Club

Registration Form

Please fill out completely and return to PAC Concierge.

NAME _____ D.O.B.* _____ GENDER _____

*Applicant must provide proof of DOB by providing a copy of their Driver's License or Birth Certificate.

THE CONTACT INFORMATION (BELOW) WILL ALSO BE USED AS THE EMERGENCY CONTACT UNLESS OTHERWISE SPECIFIED.

PARENT/GUARDIAN'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBERS: (CIRCLE BEST)

HOME _____ WORK _____ CELL _____

EMAIL _____

ALL CLASSES ARE BLENDED LEARNING – ONLINE WORK REQUIRED PRIOR TO CLASS
CIRCLE WHICH LIFEGUARD TRAINING SESSION YOU WILL ATTEND:

FIRST CLASS

MARCH 10 – MARCH 12, 2023

3/10 – 5:00pm-7:30pm

3/11 – 9:00am-5:00pm

3/12 – 9:00am-5:00pm

SECOND CLASS

MARCH 24– MARCH 26, 2023

4/24 – 5:00pm- 7:30pm

4/25 – 9:00am- 5:00pm

4/26 – 9:00am-5:00pm

THIRD CLASS

APRIL 14 – APRIL 16

4/14 5:00pm – 7:30pm

4/15 9:00am – 5:00pm

4/16 9:00am – 5:00pm

I accept full responsibility for my use of any and all apparatus, appliances, facility privilege or service whatsoever, owned and operated by this club, directors, officers, employees, representatives and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred by myself, my family or others under my supervision or control resulting there from. In addition, I agree that the above information is accurate and complete. I also understand and acknowledge that photos /video may be taken for publicity/marketing purposes and give my authorization for any and all photos or video footage of myself, or of my minor child, to be used in this fashion.

SIGNATURE _____ DATE _____

Information below is to be filled out by PAC Concierge ONLY.

PROGRAM INFORMATION:

LIFEGUARD CLASS _____ @ \$350 CODE 15209
(INLCUDES CPR, AED & FA)

PROOF OF AGE ATTACHED
YES/NO

CPR RECERTIFICATION _____ @ \$65 CODE 15214
(CPR ONLY)

LIFEGUARD RECERTIFICATION _____ @ \$200 CODE 15213
(INCLUDES CPR, AED & FA)

ARC CPR CERTIFICATION _____ @ \$86 CODE 15222
(CPR ONLY)

PAYMENT INFORMATION:

Amount Due: _____ Amount Paid: _____ Method of Payment: CHECK, CREDIT CARD, CASH Ck #: _____

Payment Accepted By: _____ Date: _____

Revised 1/23