



2019 Lifeguard Certification Registration

Session 1: April 25-28, 2019 • Session 2: May 9-12, 2019

MISSISSIPPI COLLEGE

PARTICIPANT INFORMATION

Participant: First		Last		Age:	Gender:
Address: Street		City		State	Zip
Phone:	Alt. Phone:	Email:			
Medical concerns (please list any special conditions or limitations your child may have):					

MEMBER OR NON-MEMBER

DESIRED SESSION

Check One		Check One	
<input type="checkbox"/> Member: \$220	<input type="checkbox"/> Non Member: \$250	<input type="checkbox"/> Session 1: April 25-28	<input type="checkbox"/> Session 2: May 9-12
<i>*Payment is non-refundable due to limited class size and availability.</i>		<i>*Maximum class size of 10 per session.</i>	

PREREQUISITES (TESTED ON DAY 1)

- | | |
|--|--|
| <ul style="list-style-type: none"> • Minimum age is 15 years old. • Must be able to swim 300 yards continuously using front crawl and/or breaststroke. • Must be able to tread water with no hands for 2 minutes. | <ul style="list-style-type: none"> • Must be able to swim 20 yards using the front crawl or breast stroke, retrieve a 10-pound object from a depth of 7-10 feet, and swim 20 yards back to the start point with the object and exit the water within 1 minute and 40 seconds. |
|--|--|

SESSION 1 SCHEDULE

SESSION 2 SCHEDULE

- | | |
|---|--|
| <ul style="list-style-type: none"> • Thursday, April 25: 6:00pm-10:00pm • Friday, April 26: 4:00pm-8:00pm • Saturday, April 27: 9:00am-6:00pm • Sunday, April 28: 9:00am-2:00pm | <ul style="list-style-type: none"> • Thursday, May 9: 6:00pm-10:00pm • Friday, May 10: 4:00pm-8:00pm • Saturday, May 11: 9:00am-6:00pm • Sunday, May 12: 9:00am-2:00pm |
|---|--|

WAIVER/RELEASE FORM

The undersigned desires to utilize the following activity or program offered at the Baptist Healthplex: swimming pool

As a consideration for the right being permitted access to, and the use of, and the right to participate in services and programs and to utilize facilities and equipment, the undersigned does hereby release Baptist Healthplex, Mississippi Baptist Health Systems, Inc., and any of their affiliates, as well as any officers, agents, employees, representatives and all of their insurers (including the insurer's insurer) and successors and assigns from and all liability or damage of any kind whatsoever arising out of injuries incurred or sustained by the undersigned while participating in the above-listed activity or event. The undersigned acknowledges that the Baptist Healthplex has no relationship with the persons or entities affiliated with and/or conducting the above-listed activity or program and further releases Baptist Healthplex, Mississippi Baptist Health Systems, Inc., and any of their successors in interest, as well as any officers, agents, employees, representatives, and all of their insurers (including the insurer's insurer). And successors and assigns from any and all liability and/or injuries and/or damages of any kind whatsoever arising out of or in any manner associated with the selection of or conduct of the persons or entities affiliated with the activity or program. The undersigned acknowledges and affirms that he or she has carefully read this release and has asked and obtained a satisfactory explanation of any part that he or she does not understand. Furthermore, the undersigned acknowledges and he or she is fully aware that there are risks in participating in the activity or program listed above and the undersigned acknowledges and accepts all risks as well as the consequences thereof. The undersigned acknowledges that he or she has obtained independent medical approval, or waives the right to do so, to use the services, programs, and if applicable, facilities and equipment offered by the Baptist Healthplex. The undersigned acknowledges that he or she may be participating in an activity that involves physical exertion and is aware of limitations suggested by his or her physician and must make the appropriate Healthplex director aware of such limitations and the undersigned understands and agrees that it is his or her sole responsibility to take all appropriate precautions for his or her own well-being.

Printed Name: _____
 Signature: _____
 Date: _____

Emergency Contact Name: _____
 Relationship: _____
 Phone Number: _____