



Rockville Swim and Fitness Center Lifeguard Training Schedule Summer 2019

Become a Lifeguard!

The American Red Cross Lifeguard Training course will prepare students for certification in Lifeguard Training, CPR/AED for the Professional Rescuer, and First Aid. Students **must be 15 years old by the last day of the course** (proof of age required) and **pass a pre-screen test** (300 yard continuous swim with rhythmic breathing using front crawl or breast stroke, 10 lbs brick retrieval within one minute forty seconds and tread water using legs only for two minutes) on the first day of the session in order to continue participation in class. If a student does not pass the pre-screen, a course fee refund, minus \$15 administrative fee will be issued. Space is very limited. Class sessions will be held at the Rockville Swim and Fitness Center (355 Martins Lane Rockville MD 20850). A detailed Course Schedule / Syllabus will be provided on the first day of class. Students MUST attend all class sessions as scheduled.



Note: You **MUST** be able to attend all classes as scheduled and complete the online learning component to be certified.

Lifeguard Training	\$195.00	All Materials Included
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REGISTRATION INFORMATION:

Fill out the form on the reverse side of this flyer. You can register **in person** at any City of Rockville Recreation and Parks Facility, **on-line** at www.rockvillemd.gov/registration, **by fax** (240-314-8759), or **by mail** (355 Martins Lane Rockville MD 20850). Payment is due at the time of registration. If you have any questions, please call the Rockville Swim and Fitness Center at 240-314-8750 or email: swimcenter@rockvillemd.gov. Make checks payable to: "The City of Rockville".

Lifeguard Training Course #10226 (Includes CPR/AED and First Aid)

Day	Date	Times
Monday	6/10/19	6:00pm-8:00pm
Online learning component (approximately 8 hours) required to be completed between 6/11-6/13. Online link to be distributed to students at the first class.		
Friday	6/14/19	6:00pm-9:00pm
Saturday	6/15/19	1:00pm-9:00pm
Sunday	6/16/19	12:00pm-9:00pm

Lifeguard Training Course #10227 (Includes CPR/AED and First Aid)

Day	Date	Times
Monday	7/8/19	6:00pm-8:00pm
Online learning component (approximately 8 hours) required to be completed between 7/9-7/11. Online link to be distributed to students at the first class.		
Friday	7/12/19	6:00pm-9:00pm
Saturday	7/13/19	1:00pm-9:00pm
Sunday	7/14/19	12:00pm-9:00pm

The City of Rockville is currently hiring Lifeguards, Swim Instructors, Front Desk and Support Staff for the summer season.
We offer great pay and a professional atmosphere. Safety training course fees may be reimbursed to staff – ask for details. Applications are available on-line at www.rockvillemd.gov/careers





City of
Rockville
Get Into It

Rockville Swim and Fitness Center
355 Martins Lane
Rockville MD 20850
240-314-8750
www.rockvillemd.gov/swimcenter



***Required Info | Info Requerida**

Check here if this is a new address, phone number or email address. Please print. This form may be copied.

Marque aquí si esta es una dirección nueva, teléfono o dirección de correo electrónico. Por favor imprima. Este formulario puede ser reproducido.

Contact Information | Información del contacto

Last Name Apellido*	First Name Nombre*	Birthday Fecha de nacimiento (mm/dd/yy)*	Email*
Address Dirección*		City Ciudad*	State Estado* Zip Código postal*
Home Phone Teléfono de Casa*		Work Phone Teléfono de Trabajo	Cell Phone Celular

Emergency Contact | Contacto de Emergencia

For participants under 18 | Participante menor de edad

Name Nombre*	Relationship Relación*	Phone Teléfono*
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Participant's Name (Last, First) Apellido y Nombre del Participante	Birthday (mm/dd/yy) Fecha de Nacimiento (mm/dd/yy)	Sex Sexo	Activity Name Nombre de la Actividad	Activity Number Número	School Attending Escuela a la que asiste	Grade Grado	Fees* Costo*

Rec Fund Fondo de rec.: \$ _____	Sr. Ctr. Mem Centro de Ancianos: \$ _____	Multi-Course Discount Descuento por asistencia a varios cursos : \$ _____
\$10 \$25 \$50	Other \$ _____	Contribution to Recreation Fund Youth Scholarship Contribución adicional al Fondo de recreación: \$ _____

Processed by:	Date Processed:	Total Paid: \$	Total Amount Due: Cantidad Total:
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Program Modifications: Participants with disabilities should contact our office prior to activity.

Payment | Pago

Name on Card Nombre en la tarjeta	Credit Card Number Número en la Tarjeta de Crédito	Security Code Código de Seguridad	Expiration Date Fecha de Expiración
Payer Address (If different than above) Dirección del Pagador (si es diferente que la de arriba)			
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		City Ciudad	State Estado Zip Código Postal
Cardholder Signature Firma del Dueño de la Tarjeta			

Release, Waiver, Assumption of Risk and Consent | Descargo y exención de responsabilidad, asunción de riesgos y consentimiento

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program. By providing your email address you are agreeing to sign up for the Rockville & Recreation and Parks mailing list to receive email updates about our programs. All information collected will be used in accordance with the City of Rockville privacy policy. You may withdraw your consent at any time.

Participación en el programa puede ser una actividad peligrosa. Participante no debe participar en el programa a menos que el participante está en buena forma física y es médicamente capaz. Participantes (o padre o tutor en nombre de un participante menor de edad) asume todos los riesgos asociados con la participación en este programa, incluyendo pero no limitado a, los generalmente asociados con este tipo de programa, los riesgos de viajar en las vías públicas, de accidentes, de enfermedad y de las fuerzas de la naturaleza. Teniendo en cuenta el derecho a participar en el programa y en consideración del acuerdo por el participante por el Alcalde y Consejo de Rockville a través de su Departamento de recreación y parques para comida, viajes y recreación, el participante, sus herederos y ejecutores, o un padre o tutor en nombre de un hijo menor de edad pudiera derivarse de o como resultado de la participación en el programa. El participante (o el padre o tutor en nombre de un participante menor de edad) concede el permiso de un médico o un técnico médico de emergencia administrar tratamiento de urgencia de la participante y consiente al uso de la ciudad de fotografías o videos del programa que incluyen al participante. Ni el instructor ni ninguno de el personal es responsable de los participantes antes o después del programa.

* Signature of Participant/Guardian | Firma del participante/tutor _____