



# Rockville Swim and Fitness Center

## Lifeguard Training Schedule

Summer 2020



### Become a Lifeguard!

The American Red Cross Lifeguard Training course 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.

<b>Lifeguard Training</b>	\$195.00	All Materials Included
<b>Lifeguard Training Re-Certification</b>	\$125.00	Materials NOT Included

#### 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](http://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](mailto:swimcenter@rockvillemd.gov). Make checks payable to: "The City of Rockville".

#### Lifeguard Training Course #14318

**(Includes CPR/AED and First Aid)**

Day	Date	Times
Monday	7/13/20	6:00pm-8:00pm
Online learning component (approximately 7-8 hours) required to be completed between 7/13-7/17. Online link to be distributed to students at the first class.		
Friday	7/17/20	6:00pm-9:00pm
Saturday	7/18/20	1:00pm-9:00pm
Sunday	7/19/20	12:00pm-9:00pm

#### Lifeguard Training Course #14716

**(Includes CPR/AED and First Aid)**

Day	Date	Times
Monday	7/27/20	1:00pm-3:00pm
Online learning component (approximately 7-8 hours) required to be completed between 7/27-7/29. Online link to be distributed to students at the first class.		
Wednesday	7/29/20	1:00pm-5:00pm
Thursday	7/30/20	1:00pm-5:00pm
Friday	7/31/20	1:00pm-5:00pm
Saturday	8/1/20	12:00pm-6:00pm

#### Lifeguard Training Course #14714

**(Includes CPR/AED and First Aid)**

Day	Date	Times
Monday	7/20/20	1:00pm-3:00pm
Online learning component (approximately 7-8 hours) required to be completed between 7/20-7/22. Online link to be distributed to students at the first class.		
Wednesday	7/22/20	1:00pm-5:00pm
Thursday	7/23/20	1:00pm-5:00pm
Friday	7/24/20	1:00pm-5:00pm
Saturday	7/25/20	12:00pm-6:00pm

#### Lifeguard Training Course #15681

**(Includes CPR/AED and First Aid)**

Day	Date	Times
Monday	8/10/20	1:00pm-3:00pm
Online learning component (approximately 7-8 hours) required to be completed between 8/10-8/12. Online link to be distributed to students at the first class.		
Wednesday	8/12/20	1:00pm-5:00pm
Thursday	8/13/20	1:00pm-5:00pm
Friday	8/14/20	1:00pm-5:00pm
Saturday	8/15/20	12:00pm-6:00pm

**Turn over for  
Re-Certification Course Listings!!**



[Lifeguard Re-Certification Course #14717](#)

**(Includes CPR/AED and First Aid)**

Day	Date	Times
Online learning component required to be completed before 7/26. Online link to be distributed to students via email.		
Sunday	7/26/20	9:00am-5:00pm

[Lifeguard Re-Certification Course #14718](#)

**(Includes CPR/AED and First Aid)**

Day	Date	Times
Online learning component required to be completed before 8/8. Online link to be distributed to students via email.		
Saturday	8/8/20	12:00pm-8:00pm

**Re-Certification Class Note:**

Students registering for a re-certification class must present their **American Red Cross** certification card on the first day of class. Certifications must be current (or expired by no more than 30 days) in order to participate in a re-certification class. Students must bring their CPR mask to class.

During all day classes, **make sure to bring a water bottle, snacks and a bag lunch.** We will try to give you an extended break for lunch, but because of the intensity of the class, we cannot guarantee a lunch break.

You **MUST** be able to attend all classes as scheduled for your selected course.

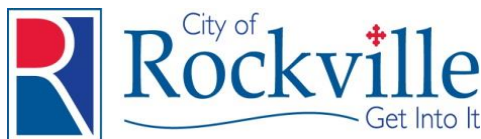
**COVID-19 Precautionary Guidance Tips for Participation**

- It is suggested that all participants do a wellness and temperature check before beginning their training session.
  - Participants should take their own temperature AT HOME before coming to RSFC.
    - If temperature is 100 degrees or greater, notify your instructor and do not come to training.
  - Ask yourself the following questions. If the answer is "Yes" to any of the questions, notify your instructor and do not come to training.
    - Since yesterday, have you developed:
      - New fever (100° Fahrenheit or greater) or feeling of having a fever?
      - New cough that you cannot attribute to another health condition?
      - New shortness of breath that you cannot attribute to another health condition?
      - New sore throat?
      - New Flu-Like symptoms?
- The virus is thought to spread mainly from person-to-person, between people who are in prolonged close contact with one another (within about 6 feet for greater than 15 minutes).
  - As a response, during all times when we are seated in a classroom based 'lecture' setting, all participants will be required to wear face coverings to protect your health, the health of other participants, and the health of the staff.
  - If you do not currently possess adequate face covering please notify your instructor before coming to training so that we can be prepared to provide one upon your arrival.
  - MOST face coverings are not designed for safe in-water use so unfortunately this step will not be able to be utilized when practicing in-water skills.
- It's important to note that face covering alone is not enough to stop the spread of COVID-19. Their use can lead to more frequent touching of the face, so good hand hygiene while wearing a face covering is critical
  - Wash your hands often with soap and warm water for at least 20 seconds.
  - Use an alcohol-based hand sanitizer with at least 60 percent alcohol if soap and water are not available.
- Cover your coughs and sneezes with a tissue, your sleeve, or your elbow.
- Avoid touching your eyes, nose, and mouth.

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.

Ask your instructor more about employment. Applications are also available on-line at [www.rockvillemd.gov/careers](http://www.rockvillemd.gov/careers).



Rockville Swim and Fitness Center  
 355 Martins Lane  
 Rockville MD 20850  
 240-314-8750  
[www.rockvillemd.gov/swimcenter](http://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*
----------------	--------------------------	-------------------

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:
---------------	-----------------	----------------	--------------------------------------

**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 esté 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 \_\_\_\_\_