



# Rockville Swim and Fitness Center Water Safety Instructor (WSI) Training Winter 2022

The **Water Safety Instructor (WSI)** course trains instructor candidates to teach all the courses presented in the Swimming and Water Safety program to all age groups, plus Learn-to-Swim Levels 4-6 and Adult Swim. This certification is the gold standard and provides the most comprehensive training for swim instructors. Students **must be 16 years old by the last day of the course** (proof of age required) and **pass a pre-screen test** (Swim the following strokes: Front Crawl-25 yards, Back Crawl-25 yards, Breaststroke-25 yards, Elementary Backstroke-25 yards, Sidestroke-25 yards, Butterfly-15 yards. Maintain position on back for 1 minute in deep water (floating or sculling). Tread water for 1 minute.) on the first day of class to continue participation in the course. If a student does not pass the pre-screen, a course refund, minus \$15 administrative fee will be issued. Space is very limited.

## What You'll Learn

During our swim instructor certification training courses, you'll learn how to help individuals enjoy their time in the water safely – and in a wide range of ways. Throughout the course we'll focus on many key areas that can help you succeed as an aquatics instructor, such as:

- Water safety at public pools, homes, natural bodies of water and more, including the Circle of Drowning Prevention and Chain of Drowning Survival.
- Hydrodynamics, including why some things float, resistance to movement and creating movement in water, swimming efficiency and laws of levers.
- Basic safety, survival and swimming skills to help children gain water competency.
- Helping people with disabilities and other health conditions enjoy the water safely.

Water Safety Instructors will also learn how to teach:

- Higher-level swim skills that help prepare people of all ages for any aquatic activity.
- Stroke mechanics for all competitive strokes as well as starts, turns and headfirst entries.
- Water safety certification courses, including Safety Training for Swim Coaches and Basic Water Rescue.
- Aquatic fitness and training for people of any age.

<b>Water Safety Instructor Training</b>	<b>\$250 (Includes all course materials)</b>
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## REGISTRATION INFORMATION:

Fill out the form on the reverse side of this flyer. 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".

## WSI Training: Course #25576

Day	Date	Times
Friday	12/16/22	10:30-12:00pm
Monday	12/26/22	9:00-2:00pm
Tuesday	12/27/22	9:00-2:00pm
Wednesday	12/28/22	9:00-2:30pm
Thursday	12/29/22	9:00-3:00pm
Friday	12/30/22	9:00-1:00pm

**\*\*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** attend all classes as scheduled and pass a written exam to be certified.\*\*

	<p>City of <b>Rockville</b> Get Into It</p>	<p>Rockville Swim and Fitness Center 355 Martins Lane Rockville MD 20850 240-314-8750 <a href="http://www.rockvillemd.gov/swimcenter">www.rockvillemd.gov/swimcenter</a></p>	
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# Registration Form | Formulario de inscripción

\*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. Esta 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: _____

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. By my participation in a City of Rockville, Department of Recreation and Parks program and/or entering a facility, I agree to follow all posted and/or published rules and staff member's instructions. Violation may result in removal from the program and/or suspension from the facility.

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 de la participación 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. Al participar en un programa de la Ciudad de Rockville, el Departamento de Recreación y Parques y / o ingresar a un centro, acepto seguir todas las normas publicadas y / o publicadas y las instrucciones del miembro del personal. La violación puede resultar en la eliminación del programa y / o la suspensión de la instalación.

\* Signature of Participant/Guardian | Firma del participante/tutor \_\_\_\_\_