Rockville Swim and Fitness Center

Lifeguard Training Schedule

Fall 2025 / Winter 2026

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 to be certified.**

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** (Complete a continuous swim- tread-swim sequence: Jump into the water, submerge, resurface and swim 150 yards (using the front crawl, breaststroke or a combination of both) maintain position with head above the surface of the water for 2 minutes by treading water using only the legs then swim 50 yards using the front crawl, breaststroke or a combination of both. Complete a timed event within 1 minute 40 seconds by starting in the water, swimming 20 yards, surface dive (feet-first or head-first) to a depth of 7 to 12 feet to retrieve a 10-pound object, and return to the surface and swim 20 yards on the back to return to the starting point holding the object at the surface with both hands exit the water without using a ladder or steps. Goggles can be used for the swim-tread-swim, however not for the timed brick retrieval event) 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. 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.

Lifeguard Training	$215.00	All Materials Included
Lifeguard Training Re-Certification	$145.00	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, **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 #38101
(Includes CPR/AED and First Aid)

Day	Date	Times
Monday	9/15/25	8:30pm-10:00pm
Online learning component (approximately 7-8 hours) required to be completed between 9/16-9/21. Online link distributed to students at the first class.		
Saturday	9/20/25	4:00pm-9:30pm
Sunday	9/21/25	12:00pm-5:00pm
Saturday	9/27/25	4:00pm-9:30pm
Sunday	9/28/25	4:00pm-8:00pm

Lifeguard Training Course #38102
(Includes CPR/AED and First Aid)

Day	Date	Times
Monday	12/22/25	7:30pm-9:00pm
Online learning component (approximately 7-8 hours) required to be completed between 12/22-12/25. Online link distributed to students at the first class.		
Friday	12/26/25	4:30pm-10:00pm
Saturday	12/27/25	4:30pm-10:00pm
Sunday	12/28/25	4:30pm-10:00pm
Monday	12/29/25	4:00pm-7:30pm

Re-Certification Class Note: Re-certification students must present their American Red Cross certification card on the first-class session. Certifications must be current or expired by no greater than 30 days in order to participate in a re-certification class and student must bring their CPR mask to class.

Lifeguard Re-Certification Course #38103
(Includes CPR/AED and First Aid)

Day	Date	Times
Online learning component required to be completed before 10/4. Online link distributed to students via email.		
Saturday	10/4/25	1:30pm-10:45pm

Lifeguard Re-Certification Course #38104
(Includes CPR/AED and First Aid)

Day	Date	Times
Online learning component required to be completed before 12/20. Online link distributed to students via email.		
Saturday	12/20/25	1:30pm-10:45pm

Lifeguard Re-Certification Course #38905
(Includes CPR/AED and First Aid)

Day	Date	Times
Online learning component required to be completed before 1/3. Online link distributed to students via email.		
Saturday	1/3/26	1:30pm-10:45pm

City of Rockville Recreation & Parks

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

City of Rockville - 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. teleefono 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*

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 # 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 Recretion 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)

	City / Ciudad	State / Estado	Zip / Código Postal

☐ Visa ☐ Mastercard ☐ Cash ☐ Check #_____

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

The Department will act in compliance with the Americans with Disabilities Act ("ADA"). Participation in the program may be a hazardous activity, and some programs may require strenuous physical activity. Participant can participate in the program if participant is physically and medically able. All participants must be able to pass a medical clearance if necessary for the chosen activity. 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, accidents, illness, and 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 and the parent or guardian, on behalf of a minor child participant, grant permission for two separate actions: (1) the City's use of images, likeness, voice, etc. that include the participant for the purpose of promotions and (2) emergency medical treatment administered by a doctor or emergency medical technician. 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.

El Departamento actuará de conformidad con la Ley de Estadounidenses con Discapacidades (ADA). La participación en el programa puede ser una actividad peligrosa y algunos programas pueden requerir actividad física extenuante. El participante puede participar en el programa si el participante es física y médicamente capaz. Todos los participantes deben poder pasar una autorización médica si es necesario para la actividad elegida. El participante (o el padre o tutor en nombre de un niño participante menor) asume todos los riesgos asociados con la participación en este programa, incluidos, entre otros, los asociados generalmente con este tipo de programa, los peligros de: viajar en vías públicas, accidentes, enfermedades y las fuerzas de la naturaleza. En consideración del derecho a participar en el programa y en consideración adicional del arreglo hecho para el participante por el Alcalde y el Concejo de Rockville a través de su Departamento de Recreación y Parques para alimentos, viajes y recreación, el participante, sus herederos , y albaceas, o un padre o tutor en nombre de un niño participante menor de edad, acuerda liberar e indemnizar al Alcalde y al Concejo de la Ciudad de Rockville y a todos sus agentes, funcionarios y empleados, de todos y cada uno de los reclamos por lesiones o pérdida de cualquier persona o propiedad que pueda surgir o resultar de la participación en el programa. El participante y el padre o tutor, en nombre de un niño menor participante, otorgan permiso para dos acciones separadas: (1) el uso por parte de la Ciudad de imágenes, semejanzas, voz, etc. que incluyan al participante con fines de promoción y (2)) tratamiento médico de emergencia administrado por un médico o un técnico de emergencias médicas. Al proporcionar su dirección de correo electrónico, acepta suscribirse a la lista de correo de Rockville & Recreation and Parks para recibir actualizaciones por correo electrónico sobre nuestros programas. Toda la información recopilada se utilizará de acuerdo con la política de privacidad de la Ciudad de Rockville. Puede retirar su consentimiento en cualquier momento. Al participar en un programa del Departamento de Recreación y Parques de la Ciudad de Rockville y/o ingresar a una instalación, acepto seguir todas las reglas publicadas y/o publicadas y las instrucciones del miembro del personal. La violación puede resultar en la eliminación del programa y/o suspensión de la instalación.

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