



# Rockville Swim and Fitness Center Water Safety Instructor (WSI) Training Spring 2026

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. Students must complete online classwork between the first and second class meeting. Google chrome is recommended for blended learning.

## 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>\$275 (Includes all course materials)</b>
---	--

## 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 #40364

Day	Date	Times
Sunday	3/22/26	2:30-4:00pm
Monday	3/30/26	9:00-2:15pm
Tuesday	3/31/26	9:00-2:15pm
Wednesday	4/1/26	9:00-2:45pm
Thursday	4/2/26	9:00-3:15pm
Friday	4/3/26	9:00-1:15pm

**\*\*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, complete online classwork and pass a written exam to be certified.\*\*

	<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>	
---	--	---

# 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, 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 # 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

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 \_\_\_\_\_