

# Longfellow Natick American Red Cross Lifeguard Training Courses Instructor: Jonathan Sugarman, jsugarman.lhc@gmail.com August Courses



### Full Certification Course (Must attend all in-person class sessions)

#### **Course Overview:**

- Course Duration: 3 days
- Course Description: This intensive course certifies first-time lifeguards in American Red Cross Lifeguarding.
- Blended Learning: Online learning materials must be completed prior to attending in-person sessions.

## **In-Person Class Dates & Times:**

- Friday, August 15, 4:00pm-8:30pm
- Saturday, August 16, 9:00am-7:30pm
- Sunday, August 17, 9:00am-7:30pm

**Location**: Longfellow Natick Health Club, 203 Oak St, Natick, MA 01760

Cost: Members: \$350.00 Non-Members: \$400.00

#### **Eligibility Requirements:**

- Eligible participants must be 15 years old or older, able to swim 300 yards continuously, and retrieve a 10-pound brick from 10 feet of water.
- This pre-test will be conducted on the first day of class

#### Recertification Course (must attend all in person class sessions)

#### **Course Overview:**

- Course Duration: 1 day
- Course Description: A refresher course to review and refresh the skills learned in the initial certification.

#### **In-Person Class Dates & Times:**

Monday, August 18, 9:00am-7:30pm

**Location**: Longfellow Natick Health Club, 203 Oak St, Natick, MA 01760

Cost: Members: \$175 Non-Members: \$200

#### **Eligibility Requirements:**

 Must have an active American Red Cross Lifeguarding Certification, or one expired within the last 30 days, proof of this certification is required prior to the start of class.

# Please email this registration and any questions to our course instructor, Jonathan Sugarman at jsugarman.lhc@gmail.com.

Course Regis	stration			
Participant Name:			Participant Pl	none:
Participant Er	mail:			
Parent Email	(if applicab	le):		
Address:				
Payment (pr	ocessed o	ne week be	fore the course, no refund	s)
Circle One:	Cash	Check	Credit Card	
Circle One:	New Ce	rtification	Recertification	
Amount: (prices located above)				
CC#		Ехр.	Date: CVV:	
Date:	Signatu	re:		
Waiver:				
The following	waiver must	t be signed by	y all participants, or by a pare	nt if the participant is under 18.
use of any and an issued once the caccompanied by claims for accide	ll equipment, j lass has start a doctor's not nts or illness v for illness or d	facilities, or ser ed. Refunds wil te due to illness vill be covered accidents. We a	vices owned and operated by Longf I not be provided for any reason wit will be eligible for a makeup class. by the participant's or parent's insu Iso reserve the right to dismiss any	ealth Club class and for my (or my child's) ellow Health Club. No refunds will be hout 24-hour advanced notice. Requests It is understood and agreed that any rance. Longfellow Health Club assumes participant whose behavior is disruptive
Participant Na	me:		Signature:	Date:
Parent Name:			Signature:	Date: