



Longfellow Natick
American Red Cross Lifeguard Training Courses
Instructor: Jonathan Sugarman, jsugarman.lhc@gmail.com
January Recert Course



Recertification Course (must attend all in person class sessions)

Course Overview:

- Course Duration: 1 day
- Online Coursework *must* be completed 24 hours before the in person sessions
- Course Description: A refresher course to review and refresh the skills learned in the initial certification.

In-Person Class Dates & Times:

- Sunday, January 18, 8:30am-8:00pm

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.***
- Must complete the online blended learning portion of the course *at least 24 hours* in advance of the in person class date. You must provide proof of completion.

Course Registration

Participant Name: _____ Participant Phone: _____

Participant Email: _____

Parent Email (if applicable): _____

Address: _____

Payment (processed one week before the course, no refunds)

Circle One: Cash Check Credit Card

Amount: _____ (prices located above)

CC# _____ Exp. Date: _____

Date: _____ Signature: _____

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Waiver:

The following waiver must be signed by all participants, or by a parent if the participant is under 18.

I accept full responsibility for my (or my child's) participation in the Longfellow Health Club class and for my (or my child's) use of any and all equipment, facilities, or services owned and operated by Longfellow Health Club. No refunds will be issued once the class has started. Refunds will not be provided for any reason without 24-hour advanced notice. Requests accompanied by a doctor's note due to illness will be eligible for a makeup class. It is understood and agreed that any claims for accidents or illness will be covered by the participant's or parent's insurance. Longfellow Health Club assumes no responsibility for illness or accidents. We also reserve the right to dismiss any participant whose behavior is disruptive to the program or threatens the safety of others.

Participant Name: _____ Signature: _____ Date: _____

Parent Name: _____ Signature: _____ Date: _____

Please email a copy of this form to jsugarman.lhc@gmail.com to register. You will be sent a confirmation email with information on how to access the online blended learning.

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