



**Longfellow Natick**  
**American Red Cross Lifeguard Training Courses**  
**Instructor: Jonathan Sugarman, [jsugarman.lhc@gmail.com](mailto: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.

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**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](mailto: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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