



Tiftarea YMCA 2022 American Red Cross Lifeguard Certification Information Form



Participant's Name: _____ Male Female

Email (required): _____

Home Phone: _____ Cell Phone: _____

*If participant is under 18 years old, please fill out the information below:

Mother/Guardian 1 Name: _____ Father/Guardian 2 Name: _____

Cell/Work Phone: _____ Cell/Work Phone: _____

Parent/Guardian Signature: _____ Date: _____
(If participant is under 18 years old)

Signature of Parent/Guardian and Participant on the Tiftarea YMCA registration form indicates permission to participate in the program/programs and the authorization to use promotional photos of participants. I release the Tiftarea YMCA and its staff members from all claims of any injuries which may be sustained by participants while partaking in any YMCA sponsored activity. If medical attention is required, I give permission for such medical care.

LIFEGUARD COURSE:

Date: May 23rd – May 27th

COST:

YMCA MEMBER \$175.00

YMCA POTENTIAL MEMBER \$200.00

You can register at the Tiftarea YMCA Main Office located at 1657 S Carpenter Road. Tifton, GA 31793.

**Must be able to swim 300 yd swim/tread for 2 min.
/retrieve object from bottom of pool/exit pool without ladder**

Tiftarea YMCA Main Office
229-391-9622



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Release and Waiver of Legal Liability

Tiftarea YMCA Waiver/Release of Liability

I, _____ (print), the participant or parent/guardian of the above mentioned, hereby give approval for my/his/her participation in any/all camps, sports, and activities.

I understand that the Tiftarea YMCA assumes no responsibility for injuries or illnesses which the above referenced may sustain as a result of physical condition or resulting from participation in any athletic activities, sports programs, and the use of any equipment, exercise or other activities. I hereby release and discharge the Tiftarea YMCA, its agents, assigns and/or employees from any and all claims for injury, illness, death, loss or damages which may result from the above referenced participation in these activities.

I further understand that the Tiftarea YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the Tiftarea YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include me (or my dependent's) image or voice for purposes of promoting or interpreting YMCA programs.

I also grant permission to the Tiftarea YMCA to authorize and obtain medical care from any licensed physician, hospital or medical clinic, should the above referenced become ill or injured while participating in YMCA activities if I am not available to grant authorization for emergency treatment. I realize I may be responsible for the resulting medical bills.

HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE TO BE EFFECTIVE IMMEDIATELY.

(Participants Signature)

(Date)

(Parent/Guardian Signature if Participant is under 18 years old)

(Date)

Emergency Contact #1: _____ Emergency Contact #2: _____

Contact Number: _____ Contact Number: _____

Known Allergies or Medical Conditions: _____