



BECOME A YMCA SWIM INSTRUCTOR!

UPCOMING SWIM INSTRUCTOR CERTIFICATION COURSE

REQUIREMENTS:

Age 16 and over
Must swim 25 yards of –
front crawl, back stroke, breast stroke, butterfly, side stroke
* Exceptions may apply, contact Jeanette for details

COURSE DATES:

May 3 8:00 am – 9:00 am (swim test)
May 3 9:30 am – 3:00 pm (CPR, First Aid, AED, Oxygen)
May 3 3:30 pm – 5:30 pm (for those who qualify for grant)
June 20 5:30 pm – 7:30 pm
June 21 8:30 am – 4:30 pm
June 22 8:30 am – 4:30 pm

COST:

\$100 Members / \$150 Non-members *
(plus \$35 online course fee)

INTERESTED?

Register at ymcaofdouglascounty.org/certifications or the QR code before April 30.
Pick up materials at the Membership Desk.

AGES 16 –24 : THIS WILL BE THE LAST FREE TRAINING AVAILABLE!

Over 24 years old? Reimbursement for cost of the course is available after 90 days of employment as regularly scheduled swim instructor at the YMCA of Douglas County.



QUESTIONS? CONTACT JEANETTE @
aquatics2@ymcaofdouglascounty.org
541-440-9622 ext 215

YMCA of Douglas County – Serving Douglas County for over 75 years!



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA PROGRAM REGISTRATION / RELEASE FROM LIABILITY

YMCA Member _____ Community Member _____
Program fee is due upon registration.

Program _____ Date of Program _____
Participant's Name _____ M _____ F _____ Age _____ DOB _____
Address _____ City _____ Zip _____
Phone # _____ E-mail _____
Emergency Contact _____ Phone # _____
Relation _____

Please initial to indicate agreement with the following two items:

_____ I give my permission to the YMCA of Douglas County to use, for publicity purposes, pictures taken of the participant. _____ I support the YMCA of Douglas County philosophy, which is based on participation, fun, physical fitness and health, skill building, teamwork, fair play, family involvement and volunteer leadership.

RELEASE FROM LIABILITY

In consideration of the right to participate in this YMCA of Douglas County (later referred to as the YMCA) program, I waive the right to any and all claims against the YMCA for damages, losses, or injuries suffered by my participating minor child or by me as a participant that arise from this program, including a release of any claims that may be caused in whole or in part by the negligence of the YMCA, its agents, directors, or employees. On behalf of myself, my spouse, my heirs, executors, or assigns, I hereby agree to assume those risks associated with participating in this program and to hold harmless the YMCA and/or its agents for damages suffered by me or my minor child. I also agree to indemnify the YMCA for expenses (including defense and other costs) associated with any claim of damages, injury, or death arising from my or my minor child's participation in this program. I hereby certify that the above named participant is in normal health and capable of participation in _____ (specific program name). I assume all risks incidental to participation in this program and for transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for the participant in the event that the adult participant is incapacitated or that the parent/guardian or emergency contact cannot be reached. I understand that the YMCA does not carry accident insurance on its members or participants. All expenses incurred in the treatment of injuries due to accident will be the responsibility of the adult participant or the minor participant's parents/guardians. I am a legally competent adult (18 years or older) who is responsible for the above named participant.

Signature: _____ Date _____

For Office Use Only: Receipt Date: _____ Clerk Initials : _____ Total: \$ _____