



LIFEGUARD CLASS

AGES 15+

Member: \$150

Non-Member: \$200

**Must Register for swim test
prior to class**:**

Friday May 31st 3:00 pm (swim test)

**MUST ATTEND ALL CLASSES
BELOW FOR CERTIFICATION**

- **SAT June 8 10am-5pm**
- **SUN June 9 12pm-5:30pm**
- **MON June 10 9am-4pm**
- **TUE June 11 9am-4pm**
- **WED June 12 2pm-4:30pm**

Prerequisite Swim Test Required **

Register for free Lifeguard Class Swim Tryout : Friday May 31st 3:00 pm (swim test), (or schedule test with Colleen prior to class) must swim 300 yards continuously (front crawl, breast stroke or combo of the two), tread water for two minutes (legs only) and pass timed test 1 minute 40 seconds (includes 20 yard swim, surface dive to 7 feet retrieve 10lb brick and swim 20 yards).**

For more information contact Colleen at: (541)440-9622 Ext.208

YMCA OF DOUGLAS COUNTY 1151 Stewart Parkway, Roseburg, OR 97471 www.ymcaofdouglascounty.org





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 Name: _____

Participant's Name _____ Sex: _____ M _____ F

Age _____ DOB ____/____/____ School _____ Grade _____

Address _____ City _____ Zip _____

Phone: _____ E-mail _____

Mother/Guardian's Name: _____ Phone# _____ Wk # _____

Father/Guardian's Name: _____ Phone# _____ Wk # _____

Emergency Contact Name: _____ Phone# _____ Relation _____

SPECIAL HEALTH NEEDS/REQUESTS: _____

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 of Legally Responsible Adult _____ Date _____

Relationship to participant (circle one): myself my child other _____

If mailing your registration, mail to: (Make checks payable to YMCA OF DOUGLAS COUNTY)

YMCA OF DOUGLAS COUNTY, 1151 Stewart Parkway, Roseburg, OR 97471

VOLUNTEER REGISTRATION: Name: _____

I am interested in volunteering as a: _____ Coach _____ Assistant Coach _____ Team Parent _____ Referee/Official

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