

TRAINING REGISTRATION FORM

Complete one form per participant



Course	Class Date(s)
<input type="checkbox"/> Water Safety Instructor <input type="checkbox"/> Lifeguard Instructor <input type="checkbox"/> First Aid/CPR/AED Instructor	

First Name	Last Name	Age	DOB	MM/DD/YYYY
Address	City	Zip	Home Phone	
Parent or Guardian's Name (if under age 18)	Cell Phone	Email		
List all Medical/Allergy Conditions	Emergency Contact			
	Emergency Contact Phone			

RELEASE OF LIABILITY FOR PARTICIPANTS - READ BEFORE SIGNING

IN CONSIDERATION OF MYSELF and/or my minor child/ward ("my child"), being allowed to participate in any way in the Safe Swim program, related events and activities including but not limited to Lifeguard Training, Lifeguard Instructor Training, CPR/AED/First Aid Training, and Water Safety Instructor Training, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to myself and/or my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk of serious injury does exist; and,

FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES or others, and assume full responsibility for my and/or my child's participation; and,

I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my and/or my child's readiness for participation and/or in the program itself, I will remove myself and/or child from the participation and bring such attention to the nearest official immediately; and,

I myself, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next to kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, Safe Swim program owners and staff, advertisers, and if applicable, owners and lessors of premises used to conduct the event (collectively the "Released Parties"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my and/or my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE, to the fullest extent permitted by law.

I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above released parties from any and all liabilities incident to my and /or my child's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participants Full Name

Participants DOB

Participants Signature or Parent/Guardian Signature (if under age 18)

Today's Date

PROGRAM POLICIES

NO REFUNDS will be issued once course fees have been submitted. In the event that a participant is unable to pass the prerequisites or final exams the participant may transfer to a class at a later date (if available). If a participant is absent from any scheduled class days or times, the participant will not be offered a transfer or refund of any kind.

I HAVE READ AND AGREE TO THE TERMS OF THE STATED PROGRAM POLICIES AND CLEARLY UNDERSTAND THE NO REFUND POLICY.

Participants Signature or Parent/Guardian Signature (if under age 18)

Today's Date

**Please bring this completed registration form with the course fee balance due to the first day of class.
We only accept cash. Checks or credit cards cannot be accepted during training.**

FAX COPIES OF THIS REGISTRATION FORM WILL NOT BE ACCEPTED

ANSWER SHEET: First Aid and CPR/AED Instructor Course Written Exam

Name: _____

Date: _____

Directions

Beside the number of each question, fill in with a pencil the circle containing the letter for your answer.
Return the exam and answer sheet to your instructor when you are finished.

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