

# Lindsay Wellness Center Lifeguard Classes





- Lifeguard/First Aid
- CPR/AED for Lifeguards

#### LIFEGUARD CERTIFICATION CLASS:

Thursday, March 20 @ 4pm - 8pm Friday, March 21 @ 4pm - 8pm Saturday, March 22 @ 8am - 5pm Sunday, March 23 @ 8am - 5pm

#### LIFEGUARD RENEWAL CLASS:

Sunday, March 23 @ 8am - 5pm

Contact Karen Thompson at (559) 310 - 4304 for online book work.

Class size of 10 max participants

RECOMMEND BRINGING YOUR LUNCH AND SNACKS

Scan QR Code to get the Application!



FREE if application is accepted by City of Woodlake Partnership Program

# Sign Up Today!

#### PREREQUISITES:

To be eligible for the Lifeguard Training Course, the candidate must be 16 years of age on or before the final scheduled session of this course. The candidate must also successfully complete the following swimming perequisites:

- Swim 150/50 yards continuously.
- •2 Minute tread using legs only.
- •Retrieve a 10-lb dive weight from 7 ft deep, surface and swim 20 yds with the weight, using legs only and exit pool without using a ladder within 140 seconds.

NO REFUNDS WILL BE GIVEN FOR FAILURE TO COMPLETE PREREQUISITES OF LIFEGUARD CERTIFICATION REQUIREMENTS.

## Lifeguard Classes

Lindsay Wellness Center 860 N Sequoia Ave. Lindsay, CA 93247 559.562.5196





OFFICE USE ONLY: Date Paid: \_\_\_\_\_ \$ \_

# LIFEGUARD APPLICATION

Sign back of form...

FAQ

**BASIC PROGRAM INFORMATION:** The City of Woodlake is looking to partner with WUSD to add Community Pool Party events during the summer. In order to do this, we need committed lifeguards. The City of Woodlake is looking to either hire existing life guards to work these events, or pay for an individual to obtain/renew their Lifeguard Certification. The offered Lifeguard Certification trainings (both for new lifeguards, and renewing) will be held at the Lindsay Wellness Center March 20-23. Participants must be age 16 or over.

WHAT'S THE COST: No cost for existing lifeguards | \$50 refundable deposit required for new & renewing Lifeguards
(No refunds will be given for failure to complete prerequisites of lifeguard certification requirements, or by failure to show up to lifeguard the City of Woodlake Summer swim events. \$50 deposit refund will be given with first lifeguard payroll check.)

**PREREQUISITES:** To be eligible for the Lifeguard Training Course, the candidate must be 16 years of age on or before the final scheduled session of this course. The candidate must also successfully complete the following swimming prerequisites: swim 150/50 yards continuously, 2-minute tread using legs only, retrieve a 10-pound dive weight from 7 ft. deep, surface & swim 20 yards with the weight, using legs only and exit the pool without using a ladder within 140 seconds. **Spots are limited—not all applications will be accepted.** 

APPLICANT'S NAME:					
ADDRESS:			CITY:		
DOB:	GENDER:	CELL PH #:			
EMAIL ADDRESS:			SHIRT SIZE:		
IF THE APPLICANT IS UNDER 18, PARENTS MUST COMPLETE THIS SECTION:					
PARENT/GUARDIAN'S NAME:					
ADDRESS:			CITY:		
DOB:					
EMAIL ADDRESS:					
nitial Program of Intent:					
I am already a certified lifeguard & I agree to be available to work the City of Woodlake summer					
swimming events during the months of June & July (please send in a copy of your certification with this application)					
I would like to try renewing my lifeguard certification at the Lindsay Wellness Center, through the					
City of Woodlake partnership program & I agree to be available to work the City of Woodlake summer					
swimming events during the months of June & July (\$50 deposit required once application is accepted)					
I would like to participate in the Lifeguard Classes at the Lindsay Wellness Center, through the					
City of Woodlake partnership program & I agree to be available to work the City of Woodlake summer swimming events during the months of June & July (\$50 deposit required once application is accepted)					
<b></b>					



Parent/ Guardian Signature

### 350 N. VALENCIA BLVD. WOODLAKE. CA 93286

PHONE: 559.564.8055 FAX: 559.564.8776

EMAIL: JREYNOLDS@CI.WOODLAKE.CA.US

WWW.CITYOFWOODLAKE.COM

Applicant	s Signature	Date
significanc vided abov liabilities fo	ertify that I, as parent or legal guardian, have <b>LEGAL RESPONSIBILITY</b> for this e of this <b>RELEASE AND WAIVER</b> and do consent and agree to his/her waiver, e. I release and agree to indemnify and hold harmless the City of Woodlake or injury or damage to the above minor while participating in these program odlake and associated persons.	release and assumption of the risk as pro- and associated persons from any and all
Woodla sors of	myself, my heirs, assigns, personal representatives and next of kin, hereby <b>F</b> ke, their officers, officials, agents, employees, volunteers, other participants the premises used to conduct the event, for <b>ANY AND ALL INJURY, DISABILI</b> y, <b>ARISING FROM THE NEGLIGENCE</b> of the above named organization.	s, sponsors, advertisers and owners and les-
	LINGLY AGREE TO COMPLY WITH ALL STATE GUIDELINES as directed by to ing in regard to PROTECTION AGAINST INFECTIOUS DISEASE INCLUDING CO	
SIGNIFI	ngly agree to comply with the stated and customary terms and conditions of CANT HAZARD DURING MY PRESENCE OR PARTICIPATION, I WILL EITHER FOR INJURY PARTICIPATION and/or bring such hazard to the attention of the	REMOVE THE HAZARD, IF POSSIBLE, OR
	OWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown CITY OF WOODLAKE or others, and assume full responsibility for my participate of the company of the compan	
programs, including,	ation of being allowed to participate in the City of Woodlake Parks and Rec and related events and activities, the undersigned acknowledges, appreciate but not limited to, permanent paralysis, injury, and death, is significant and a, and personal discipline may reduce the risk. Therefore:	es, and agrees that the risk of serious injury
THE RISH	WOODLAKE PARKS AND RECREATION RELEASE. WAIVER OF AGREEMENT FORM. READ CAREFULLY BEFORE SIGNING.	
I hereby gi events and	<b>RELEASE</b> ve consent for the previously-mentioned player to participate in the City of activities. I give permission to the City, its officers, or representatives, to proor injury to the above lifeguard applicant.	of Woodlake Parks and Recreation swimming covide medical treatment in case of an
(initials)	<b>REFUND POLICY</b> I understand that the City of Woodlake Parks and Recreation, as a rule, doe the costs of the lifeguard training program expenses. My initials indicate ac	
(initials)	PHOTOGRAPHY / VIDEO RELEASE I understand that the City of Woodlake Parks and Recreation may take picture educational purposes or social media posts. My initials indicate approval for my child may appear. I understand that I will not receive compensation	r the use of such photography/video in which

Date