



# Red Cross LIFEGUARD CERTIFICATION

The American Red Cross lifeguard training and certification course is imperative to the process of getting hired on as an official Red Cross lifeguard. Our detailed training includes both testing of hands-on skills as well as comprehension on written tests. The certification,

which includes First Aid, CPR and AED training, is valid for two years upon completion and is accepted nationwide. Prerequisites: Students must be at least 15 years of age by the last day of class; Students must pass a pre-course swimming skills test on the first day of class.

- 140107-A1    Friday-Sunday, May 24-26  
                   May 24                    5-8 p.m.  
                   May 25-26                9 a.m.-6 p.m.
- 140107-A2    Monday-Friday, June 17-21  
                   8 a.m.-12 p.m.
- 140107-A3    Monday-Friday, August 5-9  
                   8 a.m.-12 p.m.



New Hope Aquatic Park, 4411 Xylon Ave N

\$200 per person (free if under 21)

**Register with:** New Hope Parks and Recreation  
4401 Xylon Ave N  
New Hope, MN 55428

Refunds, program credits or transfers are allowed up to one week prior to the start of the program. In the event of illness or injury, refunds will be given when accompanied by a doctor's written verification. All patro- requested refunds are subject to a \$20 service fee. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer. *Phone registrations accepted with a major credit card. Questions? Call 763-531-5151.*

Online Registration! Go to [webtrac.nhrexpress.com](http://webtrac.nhrexpress.com)

[facebook.com/newhoperecreation](https://facebook.com/newhoperecreation)

### Lifeguard Certification Courses ~ Summer 2024

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Course \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

*I, the undersigned parent, guardian or adult participant (18+), authorize the sponsoring cities to disclose to the City's insurer, attorney, staff, coaches, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the City for promotional materials.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Am Ex/Discover/MC/Visa # \_\_\_\_\_ Exp Date \_\_\_\_\_ Zip Code \_\_\_\_\_