

2018 ARC Lifeguard and CPR for the Professional Rescuer,  
LG Rectification, & CPR Rectification Certification Classes

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Phone Number 1. \_\_\_\_\_ 2. \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Lifeguard Training**

Session Date: \_\_\_\_\_

**Statement of understanding:** *I verify that the above information is correct. I have read and fully understand all course requirements including prerequisites, dates and times, and the refund policy as written.*

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent or Guardian (if under 18)

For office use only below the line.

Method of Payment:       Cash    Check # \_\_\_\_\_    Money Order    Invoice (needs approval)

Prerequisite Pass: \_\_\_\_\_

Group Registered: \_\_\_\_\_

Proof of Age: \_\_\_\_\_

Online portion complete: \_\_\_\_\_