

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: _____