

AQUATIC SOLUTIONS

CREATING POSITIVE WATER EXPERIENCES

www.aquaticsolutionscoop.com

2024 COURSE REGISTRATION FORM		
Name:	Registration Date:	
Parent's Name:	Home Phone:	
Address/ZipCode:	Cell Phone:	
*E-mail Address:	Work Phone:	
*By providing my E-mail address, I am consenting to receive information via E-mail from Aquatic Solutions. Any further distribution of my E-mail address is unauthorized.		
Swim Test/Course Session and Name. (List alternate dates.)	Course Date	Course Fee
1.		
2.		
3.		
Check # _____ (payable to Aquatic Solutions)	TOTAL	

Cash or Zelle payments to 713-516-7224 _____

WAIVER OF LIABILITY: I hereby, for myself, my heirs, agents and administrators, waive and release any and all rights and claims for damages I may have against Aquatic Solutions, Kingwood Lodging Group, LaQuinta Inn and Suites, Homewood Suites by Hilton, WW Diving, Walden Country Club, Gillespie Enterprises, LLC, their sponsors, instructors, respective agents, representatives, successors, for any and all injuries suffered by me or my child during this course/class. . **I hereby affirm that I and/or my child(ren) are in good physical condition and do not suffer from any disability that would prevent or limit my/their participation in these courses.**

Signature: _____

Date: _____

Parent Signature: _____

Date: _____

(Parent's signature if under 18.)

****Only those participating in Lifeguard Training or CPR/FPR for Lifeguards need to complete the following information with initials and signatures.**

*****If registering for a Lifeguard Certification course participant and parent must read, initial and sign the following information regarding the lifeguard course prerequisites and certification requirements.**

LIFEGUARDING PARTICIPANTS ONLY : **LIFEGUARD SWIM TEST REQUIREMENTS BELOW******

Prerequisite Course Notes

The primary purpose of the Red Cross Lifeguarding program is to provide entry-level lifeguard participants with the knowledge and skills to prevent, recognize and respond to emergencies and to provide care for injuries and sudden illness until emergency medical services (EMS) personnel arrive and take over. This course does not include any review of swimming skills. We offer private swim lessons for those who feel they need a refresher of the skills required to participate in the ARC lifeguard program.

Course Prerequisites – Swim Test *MUST BE TAKEN BY ALL NEW PARTICIPANTS PRIOR TO COURSE REGISTRATION. Recerts may register for a course and take the swim test at the course.**

To be eligible for the Lifeguarding course, the participant must be 15 years of age on or before the final scheduled day of the course they are participating in. The participant must successfully complete the following:

1. Swim 300 yards continuously, using the front crawl, breaststroke or a combination of both. Swimming on the back or side is not permitted. Swim goggles are allowed.
2. Tread water for 2 minutes without support and without stopping. When treading, only the legs can be used. Candidates should place their hands under the armpits. The head must remain above the surface of the water.
3. Swim at the surface 20 yards. Swim goggles are not allowed. Surface dive to a depth of 7-10 feet,

"Quality Programming on the Cutting Edge of the Aquatic Fitness Industry."

Aquatic Solutions

dgills2010@gmail.com

aquaticsolutionscoop.com

AQUATIC SOLUTIONS

CREATING POSITIVE WATER EXPERIENCES

www.aquaticsolutionscoop.com

swim 10-15 feet along the bottom and retrieve a 10-pound object. Return to the surface and swim on the back to the starting point with both hands holding the object at the surface and the face remaining at the surface. Participants must complete this test within 1 minute 40 seconds.

Initials _____ Parent's Initials _____

4. I/WE UNDERSTAND THAT IT IS MANDATORY THAT I GO TO THE ONLINE COURSE AND COMPLETE ALL SESSIONS FOR MY ASSIGNED DATE PRIOR TO THE COURSE IN ORDER TO BE FULLY PREPARED FOR THE FOLLOWING CERTIFICATION REQUIREMENTS. ONLINE MANUAL LINK WILL BE PROVIDED FOR PRECOURSE. HARD COPY MANUAL WILL BE GIVEN OUT TO THOSE WHO COMPLETE THEIR ONLINE SESSIONS THE FIRST DAY OF SESSION.

Initials _____ Parent's Initials _____

Certification Requirements

Upon successful completion of the Lifeguarding course, each participant will receive two American Red Cross Universal Certificates. One indicating Lifeguarding/First Aid, which is valid for 2 years, and another indicating CPR/AED for the Professional Rescuer, which is also valid for 2 years. Effective 1/1/11.

5. To receive the two course completion certificates for the American Red Cross Lifeguarding course, the participant must:

- Attend ALL class sessions (On-line prior and Classroom) and read the on-line ARC Lifeguard Manual.
- Demonstrate competency in all required skills and activities.
- Demonstrate competency in the three final skill scenarios.
- Correctly answer at least 80 percent of the questions in the three sections of the final written exams.

Initials _____ Parent's Initials _____

I/WE have read and fully understand all of the lifeguard course registration, refund, transfer and payment policies, prerequisites and certification requirements as stated on the schedule and registration form. I/WE understand that if I fail to successfully complete ANY part of the American Red Cross Lifeguarding course prerequisites and certification requirements at ANY point in time during the course I/WE forfeit all fees paid.

I/WE also agree that the participant will bring a positive, hard-working attitude so that all participants have a productive experience during this course.

Participant Signature: _____

Date: _____

Parent Signature: _____

Date: _____

(Parent's signature if under 18.)

***Before sending your registration form please make sure that all information is accurate and all initials and signatures for participants and guardians are complete. Incomplete registration forms will not have reserved space in requested class until completed in full.**

***All registrations for courses must be received at least THREE weeks in advance of the course start date in order to reserve space in the class. Please list alternate dates in case your preferred class date is filled.**

***Fees are due at time of registration.**

Initials _____ Parent's Initials _____

* Please make checks payable to: **Aquatic Solutions Cash Zelle payments – 713-516-7224**

~If you need assistance please email dgills2010@gmail.com or text/call 713-516-7224.~

"Quality Programming on the Cutting Edge of the Aquatic Fitness Industry."

Aquatic Solutions

dgills2010@gmail.com

aquaticsolutionscoop.com