

FALL 2020 • AMERICAN RED CROSS

AQUATICS CERTIFICATION COURSES

REGISTRATION FORM

NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

PHONE _____

EMAIL _____

DATE OF BIRTH _____

SCHOOL _____ Interested in working for Campus Rec

Attendance at all sessions is mandatory in order to successfully complete the course. The courses will be conducted on-site at the ARC Wet Meeting Room and Indoor Pool.

Lifeguard Training (ARC Indoor Pool & Meeting Room 3)

Cost: \$275 (includes all materials and certification fees)

Thursday, **October 8** 4-8:30pm
 Friday, **October 9** 4-8:30pm
 Saturday, **October 10** 10am-5pm (lunch break provided)
 Sunday, **October 11** 10am-5pm (lunch break provided)

PLEASE CHECK THAT YOU MEET THE MINIMUM REQUIREMENTS:

- At least 15 years of age.
- Swim 300 yards continuously.
- Starting in the water, swim 20 yards using front crawl or breaststroke, surface dive 7-10 feet, retrieve a 10-pound object, return to the surface, swim 20 yards back to the starting point with the object and exit the water without using a ladder or steps, within 1 minute 40 seconds.
- Tread water for 2 minutes using only your legs.

Lifeguard Instructor Training (ARC Indoor Pool & Meeting Room 3)

Cost: \$275 (includes all materials and certification fees)

Friday, **November 13** 5-9pm
 Saturday, **November 14** 9am-6pm (lunch break provided)
 Sunday, **November 15** 9am-6pm (lunch break provided)

PLEASE CHECK THAT YOU MEET THE MINIMUM REQUIREMENTS:

- 17 years of age or older.
- Hold a current Lifeguard / First Aid / CPR & AED for the Professional Rescuer certificate from the American Red Cross or an equivalent certificate from another organization.

If you are unable to complete the minimum requirements, your fees will be refunded minus a \$5 processing fee and a \$25 testing fee.

RETURN FORM:

In Person/Mail: ARC Member Services, 201 E. Peabody Drive, Champaign IL 61820
Fax: 217-244-3319

CONTACT:

Cody Demas: cdemas@illinois.edu or 217-300-1318

Payment		
<input type="checkbox"/> Cash	<input type="checkbox"/> Check #:	
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	
<input type="checkbox"/> Charge Card #:	/	/
Name on Card: _____		
Expiration Date:	/	CID (3 digit # on back of card):
Signature: _____		
OFFICE USE ONLY		
<input type="checkbox"/> Drop-off	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail-in
Total \$:	Receipt #:	CSA Initials:

PARTICIPATION WAIVER

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

WAIVER: In consideration of being permitted to participate in any way in Campus Recreation Aquatics Programs taking place at the University of Illinois Campus Recreation facilities, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Board of Trustees of the University of Illinois and its respective officers, employees, and agents from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Campus Recreation Learn-to-Swim Programs.

Signature of Parent of Minor (under 18) _____ Date _____

Signature of Participant _____ Date _____

ASSUMPTION OF RISKS: Participation in Aquatics Programs carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back sprains, strains, breaks, concussions, cuts, cardiac arrest, partial or total paralysis, and death. We strongly recommend that you consult your personal physician before starting any strenuous activity or class.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Learn-to-Swim Programs. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

INDEMNIFICATION AND HOLD HARMLESS: I also agree to INDEMNIFY AND HOLD the Board of Trustees of the University of Illinois HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my involvement in Campus Recreation Skating Programs and to reimburse it for any such expenses incurred.

ACKNOWLEDGEMENT OF UNDERSTANDING: I have read this waiver of liability, assumption of risk, and indemnity agreement fully and understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent of Minor (under 18) _____ Date _____

Signature of Participant _____ Date _____

