

2010 LIFEGUARD CERTIFICATION COURSE REGISTRATION
Beachmont Christian Ministries
6433 Mt. Vista Rd.
Kingsville, MD 21087

Dates and times: Friday, June 25 6:00-9:00pm; Saturday, June 26 10:00am-5:00pm;
Monday, June 28 6:00-9:00pm; Tuesday, June 29 4:00-7:00pm;
Wednesday, June 30 6:00-9:00pm. *Rain Make-up date: Thursday, July 1*

Minimum age: 15 Class minimum size: 6 students; maximum size: 16 students *(If class does not reach minimum Beachmont reserves the right to cancel the class and will refund money paid)*

Cost: \$150 (To be enclosed with this application. Checks should be made payable to Beachmont Christian Ministries). Upon enrollment, an email acceptance will be sent.

Precourse Swim Test: Swim 300 yards continuously.

Legal Name _____
(As it should appear on certification)

Date of Birth _____ Age _____

Street Address _____

City _____ State _____ Zip Code _____

Email address _____

Home Phone _____ Cell Phone _____

Emergency Contact Name: _____

Phone _____ Relationship to Participant _____

PLEASE ENCLOSE AGE VERIFICATION (Circle type):

Copy of Drivers License

Copy of Birth Certificate

Consent for Emergency Medical Treatment

In the event of a medical emergency, as enrolled participant (over age 18) or parent of participant listed above, I give permission to the representatives of Beachmont Christian Ministries to employ any licensed physician or health care facility on behalf of the undersigned and to direct/order emergency medical treatment for the above named student. I also agree that neither Beachmont nor its representatives shall be liable under any circumstances to anyone for exercising the before mentioned in the event of an emergency.

Participant/Parent or Guardian Signature

Date