

## American Red Cross Lifeguard Certification Registration

Name \_\_\_\_\_

Phone# \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_

City/State \_\_\_\_\_

Email \_\_\_\_\_

### American Red Cross Lifeguard Recertification

Must have a current certification

March 29, 2024

member \$100 \_\_\_\_\_

8am-6pm

non-member \$150 \_\_\_\_\_

Registration deadline for all courses is March 22, 2024

Checks can be made to      The Aerobic Center  
526 New Alexandria Road  
Greensburg, PA 15601

There will be a \$20.00 processing fee on all refunds.

All cancellations must be made before the first class.

You must attend all classes, actively participate, score a minimum of 80% on both water and written tests.

I fully understand that the lifeguard certification requires physical activity, and hereby represent and acknowledge that my physical condition permits me to participate in the Lifeguard Review course. I also release and discharge The Aerobic Center, its instructors, lifeguards, supervisors, and directors from any and all claims, damages, demands and liabilities arising out of or any way related to participation in the lifeguard certification.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature (if under 18) \_\_\_\_\_

#### Office use:

Amount paid: \$ \_\_\_\_\_ Member # \_\_\_\_\_

Receipt# \_\_\_\_\_ Date paid \_\_\_\_\_

**The Aerobic Center**  
Lynch Field ★ Greensburg, PA