



2018 Lifeguard Training Schedule

Class 1

Date	Time	Location
Saturday, May 5, 2018	9:00 am – 4:00 pm	Brookstone III
Sunday, May 6, 2018	9:00 am – 4:00 pm	6124 Braidwood Lane
Saturday, May 12, 2018	9:00 am – 4:00 pm	Acworth, GA 30101
Sunday, May 13, 2018	9:00 am – 3:00 pm	

OR

Class 2

Date	Time	Location
Monday, June 4, 2018	8:00 am – 3:00 pm	Brookstone III
Tuesday, June 5, 2018	8:00 am – 3:00 pm	6124 Braidwood Lane
Wednesday, June 6, 2018	8:00 am – 3:00 pm	Acworth, GA 30101
Thursday, June 7, 2018	8:00 am – 3:00 pm	

Course Prerequisites

- Must attend every day and on time
- Must be 15 years of age on or before the final scheduled session of this course
- Tread water for 2 minutes using legs only
- Must be able to swim 300 yards continuously, using 2 strokes, breast stroke or free style
- Perform a surface dive at 7-10 feet and retrieve a 10-pound object

Items to be brought each day of class

Goggles	Lunch/ Snacks	Extra warm, dry clothes	Sunscreen
Several towels	Drinks/Water	Swimsuit (one piece for females)	

Cost

American Red Cross Lifeguard Class is \$250. This includes Lifeguard Manual on-line access, CPR mask, and First Aid supplies. A deposit of \$75.00 is required to reserve a class seat which will be applied to the cost of the class. If the student cannot pass the swim test course prerequisites on the first day of class – class deposit will be returned. If the class is cancelled all monies received will be refunded. There is **NO REFUND** of monies if student does not pass the written or skills test upon completion of class or drops the class.

Payment Options

1. Pay in full on first day of class.
2. Have \$43.75 deducted on the first 4 paychecks.

******If you work for Splash Pool Management Co. through Sept 15, we will return \$100.00******

Make checks payable to:
Splash Pool Management Co.

Please complete the following and mail with a check and copy of birth certificate or ID to reserve your spot in the class. (No cash please)

Date: _____ Name: _____
 Address: _____
 Home #: _____ Cell #: _____ Emergency Contact# _____
 Date of Birth: _____ Email: _____
 Check # _____ Amount _____