

# Stayton Family Memorial Pool



## American Red Cross

**REGISTER NOW!**

*Together, we can save a life*

# LIFEGUARD CERTIFICATION

### Class Pre-Requisites

*(Must be verified by appointment with lifeguard instructor and completed prior to June 30th)*

- ◇ Must be 15 years of age on or before the final scheduled session of this course.
- ◇ Swim 300 meters continuously demonstrating breath control and rhythmic breathing. Candidates may swim using the front crawl, breaststroke or a combination of both but swimming on the back or side is not allowed. Swim goggles may be used.
- ◇ Tread water for 2 minutes with hands under arm pits using only the legs.
- ◇ Complete the timed “brick test” within 1 minute and 40 seconds.
  1. Starting in the water, swim 20 meters. The face may be in or out of the water. Swim goggles are not allowed.
  2. Surface dive, feet-first or head-first, to a depth of 7 to 10 feet to retrieve a 10-pound brick.
  3. Return to the surface and swim 20 meters on the back to return to the starting point with both hands holding the brick and keeping the face at or near the surface so you are able to get a breath.

**DATE:** July 12 - 15  
**TIME:** 8:00 am - 5:00 pm  
**LOCATION:** Stayton Family Memorial Pool  
400 W Virginia St, Stayton, OR  
**FEE:** **\$50 non-refundable deposit** (must be register by June 30th). Final payment \$100.00 (payable to City of Stayton) Plus a \$35 Red Cross Fee for the Blended Learning class to be paid on the Red Cross Website  
**AGES:** Must be 15 years of age on or before the final scheduled session of this course.  
**REGISTRATION:** Please drop registration off at the Stayton Pool or register online at [staytonoregon.gov](http://staytonoregon.gov)  
By **June 30th with deposit** to guarantee a spot .  
**INFORMATION:** Contact : Billie Maurer  
Aquatic Facility Manager- Stayton Family Memorial Pool  
W) 503-767-7665  
E) [bhightmaurer@ci.stayton.or.us](mailto:bhightmaurer@ci.stayton.or.us)  
W) [www.staytonoregon.gov](http://www.staytonoregon.gov)

### Participants:

- ◆ Must attend all Classes. (Tardiness will not be tolerated.)
- ◆ Blended learning classes. Course length: 19 hours, 30 minutes in-person and 7 hours 30 minutes online. Total - 27 hours
- ◆ Computer or tablet required for online section

### What to bring:

- ◆ Towel, Swim suit , pen/pencil, food and drink

City of  
*Stayton*  
OREGON



# Stayton Family Memorial Pool

400 W Virginia St. Stayton, Or 97383 503-767-7665

## Lifeguard Registration Form



**American  
Red Cross**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ D.O.B \_\_\_\_\_ M  F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Parent / Guardian Name (if participate is under 18yrs) \_\_\_\_\_

Day Ph# \_\_\_\_\_ Evening Ph# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Ph# \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Ph# \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Ph# \_\_\_\_\_

**Consent Form-Please Read and Sign**

I realize that this and all Stayton Family Memorial Pool involve certain inherent risks, and regardless of precautions taken the Stayton Family Memorial Pool or the participants, injuries may occur. I agree that I have been informed of, understand and acknowledge those inherent risks. I certify that the participant's present level of physical condition is consistent with the demands of active participation in this program Stayton Family Memorial Pool. I agree to forever release, discharge, and covenant not to sue the for liability from any and all loss or damage, whether or not caused by negligence, either active or passive, by or on the behalf of the Stayton Family Memorial Pool . I will indemnify and hold the Stayton Family Memorial Pool harmless from any and all claims made by other. I assume all the risks and hazards incidental to the conduct of Stayton Family Memorial Pool programs and I do further release, absolve, indemnify, and hold harmless the Stayton Family Memorial Pool , the organizers, sponsors, supervisors, volunteers, and officials of any or all of them. In case of injury, I hereby waive all claims against the organizers, sponsors, staff or any of the supervisors appointed by them. I understand that there is a possibility my child may be asked to move to a different class time if the minimum enrollment is not met. I also acknowledge that participants may be photographed providing opportunity for Stayton Family Memorial Pool promotions.

**Minor Medical Release and Consent Form**

As Parent and/or Guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of this participant in the even of a medical emergency as deemed necessary by the attending physician.

Parent

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participants

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use:

Rec'd By: \_\_\_\_\_ Payment type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Staff: \_\_\_\_\_