

Stayton Family Memorial Pool



American
Red Cross

Junior Lifeguard Course

BUILD LIFE SAVING SKILLS!
LEARN GOOD TEAM WORK!
GET VOLUNTEER HOURS!

The Junior Lifeguard program builds interpersonal skills through teamwork and interacting with the public. Our program encourages participants to develop a sense of responsibility, and build a strong work ethic while also forming healthful exercise patterns. The program provides continuing education in water safety, being aware of hazards in aquatic environments, and basic water rescue skills. Added benefits include learning job skills for possible future employment, increased fitness, and new friendships. Successful completion of the course will certify participants in Junior Lifeguarding and all participants will receive a CPR/AED, and First Aid certification.

DATE: June 19-21 and June 25 - 28
TIME: 9:00 am - 1:30 pm
LOCATION: Stayton Family Memorial Pool
400 W Virginia St, Stayton, OR
FEE: \$90.00
AGES: 11 - 14 years old
RIGISTRATION: Please drop registration off at the Stayton Pool
By **June 1st** to guarantee a spot .
Limited to 12 participant's only

INFORMATION: Contact : Billie Maurer
Aquatic Facility Manager- Stayton Pool
W) 503-767-7665
E) bhightmaurer@ci.stayton.or.us
W) www.staytonoregon.gov
Payment: Please make Check payable to:

City Of Stayton



Prerequisites:

Before entering the Junior Lifeguarding course, participants must:

- ◆ Demonstrate the following skills:
- ◆ Swim the front crawl for 25 yards continuously while breathing to the front or side.
- ◆ Swim the breaststroke for 25 yards continuously while using a pull, breathe, kick and glide sequence.

Complete the Water Competency Sequence

1. Step into the water from the side and totally submerge.
2. Maintain position for one minute by treading water or floating (or a combination of the two).
3. Rotate one full turn and orient to the exit.
4. Level off and swim on the front or back 25 yards.
5. Exit without using a ladder or steps.

Stayton Family Memorial Pool Junior Lifeguard Registration Form

Last Name: _____	First Name _____
DOB _____ M/F _____	Shirt Size _____ School _____ Grade: _____
Address: _____	
City _____	State _____ Zip _____
Primary Phone # _____	Email Address _____

Mother/Guardian Name _____	Day Ph# _____ Eve Ph# _____
Father/Guardian Name _____	Day Ph# _____ Eve Ph# _____
Emergency Contact if parents unavailable _____	
Day Ph# _____	Eve 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.

Office Use:				
Rec'd By: _____	Payment type: _____	Amount: \$ _____	Date: _____	Staff: _____