



Health And Safety Classes 2011-2012 Registration Form

First Name	Last Name	Today's Date	
Birth Date	Age	Gender	
Parent/ Guardian Name	Birth Date	Home Number	Work Number/Cell number
Address	City		Zip Code
Email Address	Special Considerations		
Special Considerations Continued			

Lifeguarding Classes

◇ December 26th-30th	Mon-Fri 10am-4:30pm	\$200.00
◇ April 20-22 & 27-29	Fri-5-8:30pm/Sat 2-8pm/Sun 12-6pm	\$265.00
◇ May 27th(Review Class)	Sun 8am—1pm	\$100.00*
◇ June 11th-15th	Mon-Fri 10am—4:30pm	\$265.00

CPR Classes

◇ September 24 & 25	Sat & Sun 2-6pm	\$125.00
◇ November 12th (Review Class)	Sat 2-6pm	\$75.00*
◇ January 21st	Sat 2-8pm	\$125.00
◇ May 27th (Review Class)	Sun 2-6pm	\$75.00*
◇ June 16th	Sat 2-8 pm	\$125.00

First Aid

◇ October 1st	Sat 2-6pm	\$75.00
◇ February 18th	Sat 2-6pm	\$75.00
◇ July 14th	Sat 2-6pm	\$75.00

Participants

All Participants must be 15 years of age

*These participants must have current or recently expired certifications to participate in classes

For review/challenge classes, participants must have own pocket face mask/book. If they do not, they may purchase one at cost. (Pocket Face mask \$10.00/CPR Book \$13.00/First Aid Book \$5.00/ LG Book \$35.00)

Please Contact: Steve Riegler at sriegler@trianglesportsplex.com for more information or questions

For more information about the class or any additional questions please contact:

Certification Waiver: . American Red Cross Lifeguarding, CPR for Lifeguards, AED, and First Aid certifications will be awarded only upon successful completion of all course requirements.

Make-Up Policy: In the event of a class cancellation the session will be made-up. We do not provide alternate classes for individual absences.

Refund Policies: Class space is limited and classes fill up quickly. Please register early. The Triangle SportsPlex does not issue refunds, however if a session is rescheduled because it does not meet the minimum requirement of three students, you will have the option of enrolling in the next session. If you miss more than half of the session due to illness of family emergency you will be given the option to enroll in the next session without an additional charge.

Waiver: In consideration of the above named registrant being granted permission by Recreation Factory Partners, LLC dba: Triangle SportsPlex to participate in this program and associated activities, I hereby accept and assume all risks said and release and hold harmless Recreation Factory Partners, LLC, dba: Triangle SportsPlex and its officers, employees, agents, and volunteers from any and all liability relating to or arising out of the above named person's participation. I authorize Recreation Factory Partners, LLC dba: I hereby accept and assume all risks said and release and hold harmless Recreation Factory Partners, LLC, dba: Triangle SportsPlex and its officers, employees, agents, and volunteers at any person's discretion, to administer emergency first-aid treatment at my expense, to obtain the services of a physician and/or rescue squad and to authorize the same to affect such treatment of the above named person as the same deem advisable.

Participant Signature

Date

Parent/Guardian Signature

Date

