

LIFEGUARD REVIEW CERTIFICATION

1-DAY COURSE

**8AM - 4:30PM
ON A SATURDAY***

CHECK WEBSITE FOR COURSE DATES

To enroll, you must hold a current certification with expiration date not to exceed 30 days prior to course date.

REVIEW CERTIFICATION

\$225

\$275

HQ Member Non-Member

**REGISTER 1 WEEK
EARLY FOR \$25 OFF!**



American
Red Cross



HEALTHQUEST
FITNESS CLUB

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HEALTHQUEST
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___/___/___ **Current Certification Expiration**

IF YOUR CERTIFICATION WILL EXPIRE MORE THAN 30 DAYS BEFORE THE COURSE, YOU MUST TAKE A FULL CERTIFICATION COURSE.

American Red Cross Lifeguard Review Certification Course

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Birthday: _____

Emergency Contact: _____ Phone Number: _____

___/___/___ **SELECTED COURSE DATE** (See hqfit.com/lifeguarding for course dates)

- Must attend all classes
- No refunds will be given after the class has started
- Class must have a minimum of 6 participants and will be cancelled if that number is not met
- Participants must be 15 years old
- Must be able to swim 300 yards continuously, tread water for 2 minutes using only legs
- Complete a timed event within 1 minute, 40 seconds – Starting in the water, swim 20 yards, surface dive to a depth of 7-10 feet to retrieve a 10-pound object. Return to the surface and swim 20 yards on the back to return to the starting point. Exit the water without using a ladder or steps.

Review Certification (9.5 hours):

[] HQ Member: \$225 (Participant must be an active HealthQuest member to receive member price)

[] Guest: \$275

Course is dependent upon minimum number of participants registering. Once required number is met, confirmation of course will be sent.

**OFFICE
USE ONLY:**

Date Received: ___/___/___ Apply \$25 OFF Early Bird Registration Discount: Y N

WAIVER OF LIABILITY

I, the parent/guardian of the registrant, a minor, or an adult registrant of legal age, agree that the registrant and I will abide by the rules of HealthQuest of Central Jersey, LLC., its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with leagues and in consideration for HealthQuest of Central Jersey, LLC., accepting the registrant for its league programs and activities, I hereby release, discharge, and/or otherwise indemnify HealthQuest of Central Jersey, LLC., its officers, coaches, managers, referees, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized for the league program, against any claim by or on behalf of the registrant as a result of the registrant's actions. I affirm that the registrant is in sound physical and healthy condition and that the athlete is covered by health/accident insurance secured independently. As parent/guardian or the registrant, I hereby give my permission for the participant of the program to be transported for emergency medical care. I hereby authorize consent for emergency medical care prescribed by a duly licensed Doctor or Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well-being of my dependent.

Method of Payment: (PLEASE CIRCLE) Cash Check Credit Card Member Charge

CC Number _____ Exp Date: _____ CVV _____

Signature: _____ Date: _____