

LIFEGUARD INSTRUCTOR REVIEW 1-DAY COURSE

9AM - 5PM

SAT, MAY 13TH

REVIEW CERTIFICATION

\$200

per participant



American
Red Cross



HEALTHQUEST
FITNESS CLUB

Contact Joshua Bavosa

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310 HWY 31 N • FLEMINGTON, NJ • HQFIT.COM



HEALTHQUEST
FITNESS CLUB

Mark the Session you are registering for:

MAY 13, 2023, 9AM-5PM

American Red Cross Lifeguard Instructor Review Certification Course

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Emergency Contact: _____ Phone Number: _____

Date of Base Level Certification Expiration: ____/____/____

I am interested in a Test Out Option? Yes No

NOTE: No refunds will be given after the class has started

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.

Instructor Review Certification: \$200

With Base Level Certification Test Out Option: \$242

Method of Payment:

(PLEASE CIRCLE)

Cash

Check

Credit Card

Member Charge

CC Number _____ Exp Date: _____ CVV _____

Signature: _____ Date: _____