HEALTHQUEST FITNESS CLUB

Course Dates: _____

Check box to be contacted for next available course ☐

American Red Cross Lifeguard Certification Course

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Birthday: _____

Emergency Contact: _____ Phone Number: _____

Participant must be a member to receive member price

- 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.

Full Certification:	Review Certification:
[ ] HQ Member: $350	[ ] $250
[ ] Guest: $375	

Course dates subject to change based on minimum requirement. When the requirement is met, confirmation of course date will go out.

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: _____