



You are registering for  
**Saturday June 14, 2025**

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American Red Cross Lifeguard Instructor Re-Certification Course

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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Date of Base level Certification Expiration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Re- Certification: [ ] \$200

Add Test Out Option [ ] \$50 *additional*

Course dates subject to change based on minimum requirement.

When the requirement is met, confirmation of course date will go out.

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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 (will be processed at time of enrollment): (PLEASE CIRCLE)

Cash      Check      Credit Card      Member Charge

CC Number \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_