

is offering

AMERICAN RED CROSS LIFEGUARD CERTIFICATION CLASS

WHERE: Northern Lehigh Swimming Pool/ Victory Park Pavilion

Grove Street Slatington, Pa 18080

WHEN: See dates below! New Certification: All classes are mandatory.

Wednesday, May 24th - 5-9pm Video: Recognition and Response

Thursday, May 25th - 5-9pm Video: CPR/AED/FA Friday, May 26th - 5-9pm CPR/AED Skills

Saturday, May 27th - 8am-1pm **pre-reg test; Water skills;

Sunday, May 28th - 8am-6pm Water Skills

Recertification Day: Sunday, May 28th -8am-8pm

COST: NEW STUDENT: \$290.00 NL/Resident \$315.00 Non NL/Resident

(face mask and certification cards included)

RECERTIFICATION: \$165.00 NL/Resident \$215.00 Non NL/Resident

Course conducted by a Certified American Red Cross Lifeguard Instructor and Water Safety Instructor.

If successfully passed, each student will be certified in Lifeguard, First Aid and CPR/AED for the Professional Rescuer. The course is for ages 15 and up.

Pre-Requisite skills:

- **300-yard swim; must swim 100 yards front crawl, 100 yards breast stroke and 100 yards of front crawl and/or breast stroke. There is no time limit on the swim but must be done in a reasonable time. Goggles are allowed for the swim.
- **Must be able to tread water for 2 minutes with hands under arm pits or hands out of the water.
- **Must swim 20 yards swimming front crawl or breast stroke beginning in the shallow end of the pool and surface dive picking up at 10 lb object in 9 feet of water. Retrieve the object and swim 20 yards on back with both hands on object (this skill does not allow goggles to be worn and must be completed in 1 minute and 40 seconds).

LIFEGUARD CERTIFICATION CLASS REGISTRATION FORM

TO REGISTER: SEND the completed form below with a check made out to NL Rec to:

Northern Lehigh Recreation

7951 Center Street

Emerald, PA 18080

Questions? Email Lindsay at nlrecauthority@gmail.com or lindsayt@northernlehighrec.org		
NAME:		
I am a new student	I am a rec	ert student
Age as of May 28, 2023	Birth date:	
Address:		_
Home Phone #:		
In case of emergency contact:		at phone #
Email:		
Medical Information: (Physical conditions, allerg	ies to food or insect	ts, special needs, etc.):
I release the Northern Lehigh Rec Authority from participation or my children(s) participation in the Emergency Medical Technician (EMT), physical or myself and/or my child(ren) in the event of injury	e above program. I hospital to provide	grant permission to an e emergency medical care to aid
Signature: Parent/Guardian if participant is a minor		of Adult Participant or
Parent/Guardian if participant is a minor		
Date:		