

## LSR7 Lifeguard Training Class

Complete and sign this form. If registering by mail, return completed, signed form along with total payment to LS R-7 Aquatic Center, 3498 SW Windemere Drive, Lee's Summit, MO 64082.

Fees: \$150.00 if not employed by the Aquatic Center, and \$60.00 if employed by the Aquatic Center				
<b>Age Requirement: Participant must be 15 years old by the last training class</b>				
<b>Participants Name:</b> _____				
Age:	DOB: _____	Gender:	M	F
<i>as of 5/17</i>				
<b>Parent/Guardian information</b>				
Name(s): _____				
Address: _____				
<i>Street</i>			<i>City</i>	<i>Zip</i>
Home Phone: _____		Work/Cell: _____		
Email: _____				
<b>Photo Release</b>				
By signing the registration form below, I agree to allow the Lee's Summit School District and the Lee's Summit Aquatic Center to take pictures during programs, practice, competition and training. Pictures may be used for advertising print and facility brochures.				
<b>PLEASE INITIAL IF YOU HAVE READ AND UNDERSTOOD:</b>				
That you have read and reviewed the refund policy on the counter, and that refunds are not given once registration is received. Absolutely NO MONETARY REFUNDS WILL BE ISSUED. We reserve the right to combine or cancel any class at any time. In the event that classes are cancelled by the R-7 Aquatic Center, we will make up the class. Prorated credits will only be issued under the following guidelines: Credits are only considered for students who have incurred the following: Major illnesses – Doctor's note required. Hospitalization – Doctor's note required. Prorated credits will not be granted for any other reason. This includes absences due to going away on holidays, exams or clashes with other activities. Prorated credits will only be considered for 3 or more consecutive absences from lessons. Prorated Credit – money will be credited to you to use for future R-7 Aquatic Center programs and will remain on your file for 12 months. Classes cancelled prior to one week before the first lesson will be granted a full credit. Classes cancelled within one week of the first lesson will be granted a 50% credit.				
This is to certify that I, parent or legal guardian of _____ (swimmer (s)), hereby grant permission to the adult manager, coach and assistants of the Team to obtain medical care from any licensed physician, hospital, or medical clinic for the swimmer(s) named herein at such times as the parents or legal guardian cannot be reached in person or by telephone. This authorization shall include all league activities, including the period required from travel to and from the activities. We do hereby waive, release, absolve, indemnify, and agree to hold harmless the Lee's Summit School District, Lee's Summit R-7 Aquatic Center Team, its officers, managers coaches, supervisors, sponsors, participants, and persons participating in the league in those activities, from any and all claims, actions, causes of action or damages arising out of relating to any injury to the Swimmer(s).				
_____ <i>Parent/Guardian Signature</i>			_____ <i>Medical conditions of participant (s)</i>	
<b>LSSSA Use Only:    Date Received                      Cash                      Check #                      CC#                      Amount</b>				

**Please choose 1 session**

**Session 1**  
May 23rd, 24th, 25th, and 26th from 8am-3pm

**Session 2**  
May 30th, 31st, June 1st, June 2nd from 8am-3pm