

BAY RIDGE AQUATICS INSTITUTE, INC (BRAINS)

Lifeguard Training Course **Registration Form**

Student's Information:

Name

Date of Birth

Address

Phone

Email address

I certify that I am in good health and know of no medical reason why I should not be able to participate in this program. I have listed any special medical or health concerns on the opposite side of this page.

Signature

Date

.....
If student is under 18 years of age this section must be completed and signed by parent or guardian.

Parent's Information:

Name

Address (if different than above)

Phone

Email address

I certify that I am the parent or legal guardian of the above named child and wish to enter my child in the Lifeguard Training course. I know of no health or medical reason why my child should not be able to participate in this program. I have listed any special medical or health concerns about my child on the opposite side of this page.

Signature

Date

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Since our instructors, teaching material costs, security and permit fees must be paid whether classes are attended or not, **BRAINS cannot offer make-up classes, credits or refunds for any classes you may miss**

I have read the above notice and agree to its terms. (Please Initial Here:)_____

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For office use:

Swimming skills Test: Pass / Fail Approved by: _____