BAY RIDGE AQUATICS INSTITUTE, INC (BRAINS)

Water Safety Instructor 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

Since 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:)_____

For office Use

Swimming skills Test: Pass / Fail **Water Safety Test: Pass / Fail**

Approved by: _____