



SOLANO COLLEGE 2018

LIFEGUARD CAMP

LIFEGUARD TRAINING & CERTIFICATION



Prerequisites: The candidate must be 15 years of age on or before the final scheduled session. The candidate must be able to swim 500 yards continuously using freestyle and breaststroke; tread water for 2 minutes; swim 20 yards using front crawl or breaststroke, surface dive to 7-10 feet, retrieve a 10 pound object, return to the surface and return to the starting point, then exit the pool in the time allotted.



Fee: Total cost of the class is \$195 (includes material fee) Pre-registration is required. This course includes textbooks, pocket mask, and certifications in Lifeguard, CPR, and First Aid from the American Red Cross.

Dates & Times:

CAMP I April 2-5 Mon-Thur 9 AM - 5 PM
Registration ends March 26

CAMP II May 4-6 Fri 4-8 PM & Sat-Sun 8:30 AM – 6 PM
Registration ends April 27

LOCATION:

Solano Community College
Fairfield Campus
Swimming Pool
4000 Suisun Valley Rd
Fairfield, CA 94534

For more information, contact: Claire Gover, 707-864-7119, claire.gover@solano.edu

COMPLETE AND RETURN THIS SECTION

First/Last Name: _____ Age: _____ Birthdate: _____
Address: _____ City: _____ Zip: _____
First/Last Name of Parent: _____ Phone #: _____
Email of Parent: _____
Medical Insurance: _____ Group #: _____

I hereby authorize the Solano College Aquatic staff to act for me according to their judgment in any emergency requiring medical attention and I hereby waive and release the Lifeguard Training, its Staff, Solano Community College and any agents, employees, officers and directors of the foregoing from any and all liability for any injuries or illnesses incurred while at Lifeguard Training.

Parent Signature: _____

SELECT SESSION:

CAMP I : \$195 (Registration Ends Mar 26) **CAMP II: \$195** (Registration Ends Apr 27)

Please make checks payable to: Solano College Aquatics

Send form & fees to: Claire Gover, Solano College, 4000 Suisun Valley Rd, Fairfield, CA 94534

To pay by credit card complete this section and SIGN BOTTOM OF PAGE:

Card Holder Name _____ Card #: _____
Address _____ Exp Date: _____ 3-Digit Code: _____
City/State/Zip _____
Phone _____

I authorize Solano Community College Educational Foundation to charge my credit card in the amount of \$ _____

Signature

Date