



**CITY OF CAMDEN  
MAYOR DANA L. REDD**



**AND  
THE DEPARTMENT OF HUMAN SERVICES**

**LIFEGUARD REGISTRATION FORM**

The purpose of the Life guarding course is to teach candidates the knowledge and skills needed to prevent and respond to aquatic emergencies. The course content and activities prepare candidates to recognize and respond quickly and effectively to emergencies and prevent drowning and injuries.

Listed below you will find a list of skills that will be covered in this course.

**BE A LIFEGUARD**

- MUST BE A CITY OF CAMDEN RESIDENT
- MINIMUM AGE OF 16 ( BIRTH CERTIFICATE OR COPY OF LICENSE REQUIRED)
- (THIS IS NOT A LEARN TO SWIM CLASS.THIS COURSE IS TAUGHT IN DEEP WATER-Fundamental Swimming ability is required)
- SWIMMING PRE TEST INCLUDES -300-yard swim using front crawl and breaststroke. Participants must also be able to swim 20 yards, recover a 10-pound brick from a 7-foot depth and return to the pool deck in 100 seconds
- PROPER BATHING SUITS ARE REQUIRED-A one piece bathing suit for girls with hair pulled back and swimming trunks for boys. All jewelry and valuables are to be left home. Neither the Red Cross nor our host facilities are responsible for lost or stolen articles. All participants must have a towel.

I agree and understand that neither the City of Camden nor any of its officers, subcontractors, agents or employees will be responsible in any manner for any accidents or injuries sustained by my child resulting from participation in this event, and we do hereby release and forever discharge them from any responsibility with respect thereto.

I/We further agree to indemnify and hold harmless the City of Camden, its officers, agents and employees, from any and all claims, suits or proceedings of any nature whatsoever that may be brought, on behalf of, or on account of, myself or my child for participating in this activity.

I have read and understand the above statement and I further attest that the information I have furnished is true and correct to the best of my/our knowledge.

\_\_\_\_\_  
Print Name Date of Birth Current Age

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Home Telephone Emergency Telephone

**ANY KNOWN HEALTH CONDITIONS:**  NO  YES (If yes, please explain below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parents Signature:** \_\_\_\_\_ **(If 18 or older sign your name)**

A requirement of the funding source for this activity is the provision of the following information, please circle all that applies:

|                            |        |        |        |        |        |        |        |        |
|----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| Household Size:            | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8      |
| Household Income Is below: | 43,900 | 50,150 | 56,400 | 62,650 | 67,700 | 72,700 | 77,700 | 82,700 |