



Lafayette Parks & Recreation

2022 Lifeguard Certification Course

DATES & TIMES

Swimming Pre-Test*

Thursday April 28*	6:00pm—8:00pm
Friday May 6	5:30pm—10:00pm
Saturday May 7	9:00am—5:00pm
Sunday May 8(If necessary)	9:00am—1:00pm

Class meets at the Lafayette Jefferson High School swimming pool.

In addition to these mandatory meeting dates, participants will be required to complete part of the course online through the Red Cross website (we will provide the course link after registration).

REGISTRATION FEE

\$200.00** (Fee covers course, all materials and Red Cross certification fee)

Registration is open to the first 20 applicants.

**If participant successfully completes the course, attains lifeguard certification, is hired as a lifeguard by Lafayette Parks & Recreation, AND completes a full season as a Lafayette Parks lifeguard, then a portion (\$75.00) of the registration fee will be refunded to the participant. Starting Pay for Lafayette Parks lifeguard is \$12.00/hour. Apply for your position online at <https://selfservice.lafayette.in.gov/MSS/employmentopportunities/>.

COURSE PRE-REQUISITES

Must be at least 15 years of age.

- * Complete a timed event within 1 minute, 40 seconds. Starting in the water, swim 20 yards. The face may be in or out of the water. Swim goggles are not allowed. Surface dive, feet-first or head-first, to a depth of 7 to 10 feet to retrieve a 10-pound object. Return to the surface and swim 20 yards on the back to return to the starting point with both hands holding the object and keeping the face at or near the surface so the rescue is able to get a breath. Candidates should not swim the distance under water. Exit the water without using a ladder or steps.
- * Tread water for 2 minutes using only the legs. Candidates should place their hands under the armpits.

COURSE PRE-REQUISITES CONTINUED

- * Swim 300 yards continuously demonstrating breath control and rhythmic breathing. Candidates may swim using the front crawl, breaststroke or a combination of both but swimming on the back or side is not allowed. Swim goggles may be used.

REGISTRATION INFORMATION

Registration begins Tuesday April 12, 2022. The registration fee must be paid at the time of registration.

There are two options for registration:

1. You may register in person by returning the registration form and waiver to the Lafayette Parks Administrative office at:

1915 Scott Street,
Lafayette, IN 47904.

OR

2. Online registration is available here:

www.lafayetteparks.org

*Phone registrations will not be accepted.

RULES

- * Participants who do not pass the prerequisite test will be dismissed from the course and a refund will be issued. Allow 4 weeks to receive refund.
- * Class fees are non-refundable unless class is canceled.
- * All scheduled dates must be attended in order to qualify for certification.
- * Refunds will not be issued if a participant does not pass the course.

Please contact Jon Miner for more information:

(765) 807-1502

jminer@lafayette.in.gov



2022 LIFEGUARD CERTIFICATION COURSE REGISTRATION FORM

PARTICIPANT INFORMATION

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALTERNATE PHONE: _____

EMAIL ADDRESS: _____

SCHOOL: _____ CURRENT GRADE: _____

PARENT/GUARDIAN INFORMATION

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALTERNATE PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

PHONE: _____ ALTERNATE PHONE: _____

****Registration is limited to the first 20 applicants****

Completed registration and waiver forms may be submitted
by mail or in person to the:

Lafayette Parks Administrative Office
1915 Scott Street
Lafayette, Indiana 47904

OR

YOU MAY REGISTER ONLINE AT:

WWW.LAFAYETTEPARKS.ORG

Must be completed for participants under age 18

PARENT/GUARDIAN RELEASE and HOLD HARMLESS AGREEMENT

FACILITY/PROGRAM: Lafayette City Department of Parks and Recreation, Lafayette Parks Aquatic Lifeguard Certification Course.

PARTICIPATING MINOR CHILD(REN)/WARD(S) AND BIRTH DATES: **(Please Print)**

Name, Birth Date

DATES OF ACTIVITY OR USAGE: April 28, 2022, May 6-8, 2022

AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of allowing my participating child(ren)/ward(s) to participate in the Park’s aquatics activities and programs and to use the Park’s aquatics facilities, equipment, and machinery after the payment of any additional fee or charge. I, FOR MYSELF AND MY CHILD(REN)/WARD(S), HEIRS, REPRESENTATIVES AND ASSIGNS, HEREBY RELEASE, FOREVER DISCHARGE AND HOLD HARMLESS the Lafayette City Department of Parks and Recreation, its Board, officers, agents, employees, and representatives (the “Released Parties”) and any person or entity acting on behalf of a Released Party from any and all responsibility or liability for injuries or damages resulting from or arising out of participation by my child(ren)/ward(s) in any Park’s aquatics activities or use of equipment or machinery in connection with such activities. **(Please Initial _____)**

2. I understand that the Lifeguard certification course, including the use of equipment and machinery, in connection with such activities, involve a risk of injury and even death and that I am voluntarily allowing my child(ren)/ward(s) to participate in these activities and to use Park’s aquatics equipment and machinery with knowledge of the dangers involved. I acknowledge that Park’s aquatic staff, even if present, will not be monitoring their physical condition while using Park’s aquatics facilities and I acknowledge that Park’s aquatic staff are not qualified to render medical assistance in the event of a medical emergency. I HEREBY EXPRESSLY AGREE TO ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH ON BEHALF OF SUCH CHILD(REN)/WARD(S). **(Please Initial _____)**

3. I hereby acknowledge that I been informed of the need for a physician’s approval for participation in an Park’s aquatic activity or in the use of Park’s aquatic equipment and machinery. I acknowledge that it has been recommended that users and participants have a yearly or more frequent physical examination and consultation with their physicians to receive an assessment and recommendations concerning level of activity and exercise and use of exercise and training equipment. I declare that my child(ren)/ward(s) has/ have either had a physical examination and have a physician’s permission to participate in such physical activity and exercise, including the use of exercise and training equipment or that I have decided that my child(ren)/ward(s) may participate in such activities, exercise, and use of equipment without the approval of physician. I HEREBY DECLARE THAT MY CHILD(REN)/WARD(S) IS/ARE PHYSICALLY SOUND AND SUFFERING FROM NO CONDITION, IMPAIRMENT, DISEASE, INFIRMITY, OR OTHER ILLNESS THAT WOULD PREVENT MY PARTICIPATION IN SUCH ACTIVITIES, EXERCISE, AND USE OF EQUIPMENT AND I HEREBY ASSUME ALL RESPONSIBILITY FOR SUCH PARTICIPATION AND USE OF EQUIPMENT BY MY CHILD(REN)/WARD(S). **(Please Initial _____)**

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Must be completed for participants age 18 or older

ADULT HOLD HARMLESS /INDEMNITY AGREEMENT

FACILITY/PROGRAM: Lafayette City Department of Parks and Recreation, Lafayette Parks Aquatics Lifeguard Certification Course.

ACTIVITY PARTICIPANT OR FACILITY USER: Lifeguard Certification Course

DATES OF ACTIVITY OR USAGE: April 28, May 6-8, 2022

PARTICIPATING ADULT AND BIRTH DATE: **(Please Print)**

Name, Birth Date

AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of participating in Park's aquatic lifeguard certification course and being allowed to participate in the Park's aquatics lifeguard certification course. I, FOR MYSELF AND MY HEIRS, REPRESENTATIVES AND ASSIGNS, HEREBY RELEASE, FOREVER DISCHARGE AND HOLD HARMLESS the Lafayette City Department of Parks and Recreation, its Board, officers, agents, employees, and representatives (the "Released Parties") and any person or entity acting on behalf of a Released Party from any and all responsibility or liability for injuries or damages resulting from or arising out of my participation in any Park's aquatics activities or my use of equipment or machinery in connection with such activities. **(Please Initial _____)**
2. I understand that participation in the Park's aquatic lifeguard course and use of equipment and machinery, in connection with such activities, involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I acknowledge that Park's aquatics staff, even if present, will not be monitoring me or my physical condition while using Park's aquatic facilities and I acknowledge that Park's aquatic staff are not qualified to render medical assistance in the event of a medical emergency. I HEREBY EXPRESSLY AGREE TO ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH. **(Please Initial _____)**
3. I hereby acknowledge that I been informed of the need for a physician's approval for participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician to receive an assessment and recommendations concerning my level of activity and exercise and my use of exercise and training equipment. I declare that I have either had a physical examination and have my physician's permission to participate in such physical activity and exercise, including the use of exercise and training equipment, that I have chosen or that I have decided to participate in such activities, exercise, and use of equipment without the approval of physician. I HEREBY DECLARE THAT I AM PHYSICALLY SOUND AND SUFFERING FROM NO CONDITION, IMPAIRMENT, DISEASE, INFIRMITY, OR OTHER ILLNESS THAT WOULD PREVENT MY PARTICIPATION IN SUCH ACTIVITIES, EXERCISE, AND USE OF EQUIPMENT THAT I CHOOSE AND I HEREBY ASSUME ALL RESPONSIBILITY FOR SUCH PARTICIPATION AND USE OF EQUIPMENT. **(Please Initial _____)**

Signature

Date