

The University of Alabama University Recreation Aquatics Health & Safety Course Registration

I. Participant Information (Please Print Legibly)

Name: _____

Age: _____ Birthdate: _____ Gender: Female Male

University Affiliation: UA Student UREC Member Non-Member

If Participant is under the age of 19, list name of Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Preferred Phone No.: _____ Email: _____

Emergency Contact: _____ Phone No. _____

Special physical, medical, social, or emotional needs we should be aware of: _____

Please give a brief description of participant's swimming ability for related water safety course: _____

II. Check the course and session you plan to enroll in:

Course Options:	Select Session:	UA Student	UREC Member	Non Member
Lifeguarding	<input type="checkbox"/> 1. Mar. 24 – April 2, Fri. 5:30-8:30, Sat/Sun 9:00-5:00 <input type="checkbox"/> 2. April 7 – 16, Fri. 5:30-8:30, Sat/Sun 9:00-5:00 <input type="checkbox"/> 3. May 8 – 11, Mon-Thurs 9:00-6:00 <input type="checkbox"/> 4. May 15 – 18, Mon-Thurs 9:00-6:00	\$225	\$250	\$275
Lifeguarding Instructor	<input type="checkbox"/> 1. Mar 3 – 5, Fri 2:00-8:00, Sat/Sun 8:00-6:30	\$250	\$275	\$300
Lifeguarding Instructor Review	<input type="checkbox"/> 1. Feb. 18, 8:00-5:00	\$65	\$70	\$75
Lifeguarding Instructor Basic-Level Test Out	<input type="checkbox"/> 1. Feb. 18, 5:30-7:15	\$0	\$0	\$0
Safety Training for Swim Coaches	Call to schedule for your staff.	\$65	\$70	\$75
Water Safety Today and Pool Home Safety	<input type="checkbox"/> 1. Feb. 18, 1:30-4:00 <input type="checkbox"/> 2. Mar. 18, 1:30-4:00 <input type="checkbox"/> 3. April 15, 1:30-4:00	\$25 per Couple	\$35 per Couple	\$45 per Couple
Adult and Pediatric First Aid/CPR/AED	<input type="checkbox"/> 1. Feb. 18, 8:30-12:30 <input type="checkbox"/> 2. Mar. 18, 8:30-12:30 <input type="checkbox"/> 3. April 15, 8:30-12:30	\$65	\$70	\$75
CPR/AED for the Professional Rescuer	Call to schedule for your staff.	\$90	\$100	\$110

Signature _____ Date ____/____/____

Parent / Guardian signature required for participants under age 19 years.

OFFICE USE:

Date Registered _____ Amount Paid \$ _____ Receipt Order # _____ Parking Decal # _____

Cash Check # _____ Debit Card Visa MasterCard Discover American Express

Name of Cardholder if not the participant _____ Phone _____

Staff Initials _____

Release Waiver Required