



Lifeguard Training Course

Registration Form

FOR FRONT DESK USE ONLY:
 Paid in Full Date: _____
 Receipt number: _____
 Received by Carver Staff: _____
 (Name)

May 14th, 15th, 16th 10:00am-4:00pm <input type="checkbox"/> June 24th, 25th, 26th 12:00pm-6:00pm <input type="checkbox"/> <i>(Max participants 10)</i>		
Please pick a course by checking the corresponding box	\$300 Full Course <input type="checkbox"/>	\$150 For those committing to lifeguarding at Carver for the remainder of 2019. <input type="checkbox"/>

Full Name: _____ Gender: Male Female Age: _____

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

E-mail: _____ Cellphone number: _____

Are there any medical needs we must be aware of? Yes No

If yes, please explain:

In case of emergency please contact the following person:

Emergency Contact Name: _____

Phone Number: _____

Program Cancellation

We reserve the right to cancel any program that fail to meet minimum enrollment requirement and issue a full refund. No makeup classes will be provided if you cannot make the dates of the program for which you have registered.

*The Carver Center has my permission to use photographs of myself in print or electronic promotional materials.
 For more information, please call the Carver Center at (914) 305-6010 or via e-mail: gquiton@carvercenter.org*