



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Sir or Madam:

Thank you for enrolling your child in the YMCA Lifeguard Training Program.

According to our enrollment records, if **your child** is under age 18, we will need to obtain your legal consent for your child to participate in our training course. Thank you. We look forward to having your child in class!

I grant permission for _____ to participate in the YMCA Lifeguard Training Program.

Parent/Guardian Signature _____ Date _____

Participant Information:

Name:	Birthdate:
Address	Zip
Email:	Phone:

Please Initial each line

I understand that [I] or my child:

- _____ must pass all parts of the Pre-Test to participant in the course.
- _____ must demonstrate competency in each critical skill taught in the course.
- _____ must pass all written exams with at least an 80% score.
- _____ must be at least 15 years of age by the last day of the course.
- _____ must attend **all** classes during the course.
- _____ if hired at the Wadsworth YMCA, after passing of the Lifeguard Course I may receive my payment for the course back if after 6 months of employment I am considered in good standing.
- _____ I understand there will be no refund if my child does not pass the course (a system credit may be offered once to re-take the entire course at a later date).

WADSWORTH YMCA
623 School Drive
Wadsworth, OH 44281
330 334 9622

akronymca.org

The Y strives to make programs and membership available to all. Financial assistance may be available to those who qualify.

