

Today's Date: _____

LRAC Lifeguard Class

Mar. 12-16 / Apr. 16-20 / May 14-18

Name Age Gender

Parents Name if minor

Home Phone # Work Phone # Cell Phone #

Address E-mail

City State Zip

Please Circle all that Apply: **Member** **Non-member** / **Bill Account** **Check** **Credit Card**

LRAC Visa Master Card AMEX Discover

Account #: _____

Credit Card # Exp. Date

Any allergies, medications, physical or special _____

Emergency Contact: _____ Phone #: _____

Physician: _____ Phone #: _____

Hospital Preference: _____

Emergency Waiver / Release Statement

Please read the following information carefully. No child/ adult will be admitted into any Aquatics Programming if this form is not completed and signed. By signing this form, you are releasing all claims for injuries you or the participant may sustain through this program. I agree to assume full risk and to waive, relinquish, and release all claims I and/or the participant may have against, indemnify, hold harmless, and defend the Little Rock Athletic Club, and the Little Rock Racquet Club. This includes as well its officers, agents, servants, and employees from any such claims resulting from injury, damages, and loss sustained on account of participation in any LRAC and/or LRRC programs or event now and in the future. I understand that I am responsible for all personal medical insurance, and the participants family must cover any medical cost incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that the emergency contact listed cannot be reached.

Cancellation: I understand that a notice of cancellation from this course is required. I will notify the aquatics office one week prior to the start of the lifeguard course. If the proper notification is not given, I understand I will be charged for one half the cost of this course. No refunds will be given for any reason. I also understand that I must complete the entire course in order to be Lifeguard Certified.

_____ (please initial)

Signature (by parent or guardian if applicant is under 18 years)

Date

Please Print Name