

Lifeguard Training & Lifeguard Review Registration Form

Thank you for taking Lifeguard Training and/or Lifeguard Review with Baker Aquatics-Angela Baker. I look forward to teaching you valuable lifeguarding skills. Please let me know if you have any comments or special requests.

Liability and Medical Release Information:

In consideration of participating in swimming and lifeguard training activities, participants acknowledge that they are aware of the nature of the activity, and that there are inherent risks in any such activity. I, for myself and/or as parent/guardian of the named minor child, do hereby authorize Baker Aquatics-Angela Baker to consent to emergency transportation, emergency medical, surgical or dental examination, treatments, etc., to be administered to the same in the event of accident or sudden illness during the program. In addition, I agree that I am responsible for the below participants' transportation to and from the activity site. I hereby release and discharge Baker Aquatics-Angela Baker from any and all claims for personal injuries. Baker Aquatics-Angela Baker does not provide any medical insurance for any participant in any program offered. Photos taken during programs may be used for promotional purposes. Payment of fees and participation in the program shall constitute acceptance of this liability, medical and photography release.

(Please Print Legibly or Type):

Participant Name: _____

Age: _____ Birthday: _____ High School/College: _____ Grade: _____

Participant or Parent Signature: _____ Date: _____
(If participant is a minor)

Mailing Address: _____

City: _____ State _____ Zip: _____

Cell Phone: _____ Home Phone: _____

E-Mail Address (Please Print Legibly): _____

2nd Parent: _____ Phone: _____
(If participant is a minor)

List all allergies/medications (please indicate N/A if irrelevant)

Allergies: _____ Medications: _____

Learning or physical disabilities: _____

Is there any INJURY or PRESSURE injury that we should know about? Briefly describe:

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Emergency Contact: _____ Phone: _____

CANCELLATION INFORMATION: In order to give a partial refund, we must receive registration cancellation requests 7 days prior to the start of the event. No refunds will be given after class has begun. A \$15 processing fee will be charged for any registrant initiated cancellation. If you are unable to attend, please be courteous and cancel your registration early to allow others the opportunity to attend. If you would like to cancel your registration, [please contact Angela Baker via phone 503/740-7184.](#)

- I agree to contact Angela Baker at least 7 days prior via phone in the event of a cancellation.
Registrant's current grade in school
Registrant's school attended
I verify that the registrant is/will be 15 years old by the end of this course.

Participant/Parent Signature: _____ Date: _____

Payment of: \$235.00 for Lifeguard Training or \$140 for Lifeguard Review

Payments can be mailed to Baker Aquatics-Angela Baker, 17698 SW Beaver Ct., Aloha, OR. 97003 at the time of registration. If you would like to pay by cash please bring it in person ahead of time to register.

Registration forms can be emailed to Angela Baker at swimmeracb@yahoo.com.

Instructor Information:

Angela Baker,
Lifeguard Instructor| Water Safety Instructor| Certified Pool Operator| USA Swimming Coach|
Independent Contractor
503/740-7184
swimmeracb@yahoo.com
BakerAquatics.com