



Aquatic Training & Consulting Services
448 W South Street
Frederick, MD 21701
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On-Site Lifeguard Training

Offered by **Aquatic Training and Consulting Services**, this is an *American Red Cross* course. Certifications include: CPR for the Professional Rescuer, Lifeguard Training, First Aid, and AED. All Health Departments in the Metropolitan area accept the *American Red Cross* certification.

**Classes up to 6 participants: \$ 1500 (includes materials)
\$200 for each additional participant**

Up-front deposit of 50% of the total class fee is due **5 days prior to the start of class**. The deposit is non-refundable unless the class is cancelled at least 5 business days prior to the start of class. The remaining 50% is due on or before the last day of the course. **TESTING WILL NOT BEGIN UNTIL FULL PAYMENT IS RECEIVED.** For all participants, the fee includes: *American Red Cross* lifeguard textbook and a resuscitation mask.

For locations **outside of a 50 mile radius** of Frederick County, Maryland, there may be an additional **\$30.00 PER TRIP fee**.

The *American Red Cross* lifeguard training course is a 30 hour course. We recommend sessions of **no more than** 6 hours in duration however, we understand that sometimes there are circumstances that preclude this. We will be happy to discuss your constraints and create the most favorable arrangement possible. **Most *American Red Cross* chapters require a 2-week notice before a class can be taught.** So, please let us know your intentions as soon as possible so that we may make the appropriate notifications.

There is a “pre-course” required for each participant to enter Lifeguard Training. All participants must demonstrate the required swimming abilities as described by the *American Red Cross*. Each participant must be able to swim (continuously) 300 yards, retrieve a 10 pound brick from the bottom of the deep end of the pool and swim 25 yards with that brick. The “pre-course” will be conducted on the first scheduled day of class before any instruction has begun.

*****All participants must be 15 years of age on or before the last day of class*****

***** The pool must be at least 9 feet deep for a lifeguard training to be held at your facility*****

Refunds cannot be given for a participant who decides he/she no longer wishes to continue in a course in which they are participating. Attendance is **MANDATORY** for all dates of all sessions

Should a participant become ill or should there be another **EMERGENCY** that precludes them from completing the course, every attempt will be made to allow them to make-up the material. Any student in these circumstances will be permitted to complete the course during another scheduled class at another facility if necessary. **Aquatic Training and Consulting Services** will make every *reasonable* accommodation necessary to complete the training.

Please complete the attached form and return it to Aquatic Training Services via mail, fax (240) 668-9449, or email aquatictraining@aol.com. You will be contacted by our representative to schedule your class. *We look forward to working with you!*

Aquatic Training and Consulting Services
Request for On-Site Lifeguard Training

Receipt Date: _____ Contacted on: _____ By: _____

Office Use Only

Facility Name: _____

Facility Representative: _____

Address: _____

Contact Phone: _____ **Contact Fax:** _____

Contact E-mail Address: _____

County / State: _____

Class Preferences: *Please check one per line*

1.) Weekdays Weekends Evenings

2.) Three 10-hour classes Four 8- hour classes

Desired Date of Completions, if any: _____

Estimated Number of Participants: _____

(We must have an exact count of participants 5 Business Days PRIOR to class start date)

Please Provide dates that would work well for your facility: _____

Facility Representative Signature: _____

Title: _____ **Date:** _____

You will be contacted by a representative of Aquatic Training and Consulting Services to discuss final scheduling. To guarantee your final scheduling, we must receive the deposit (as stated on pg 1) FIVE DAYS PRIOR to the scheduled start date.

Scheduled Dates: _____

Initials: _____ **Date:** _____

Office Use Only