

101 Park Ave., Bldg. #3 P.O. Box 1453 Weaverville, CA 96093 Phone/Fax (530)623-5925 wdcprdoffice@gmail.com

## Dear Junior Lifeguarding Participant and Parent:

Thank you for considering enrolling in the Weaverville/Douglas City Parks & Recreation Junior Lifeguarding course. We will have a pool operations training day for all Jr. Lifeguards alongside our Lifeguard Staff in June. Time is currently TBD. Beginning in June, there may be additional training days scheduled in the evenings or on weekends as necessary. Lowden Pool opens to the public on June 12, 2023. Jr. Lifeguards will be part of our team and will receive weekly scheduling through our online app Humanity.com Their CPR/First Aid/AED Certification classes will be scheduled by instructor Greg MacLaren. Those dates will be shared when available. The cost of the certification class training is included in your Jr. Lifeguard program cost of \$30.00; however, there will be an additional charge of \$36.00 for American Red Cross certification registration. That fee will be due upon completion of class. Certifications are good for two years.

This course will teach water safety and introduce participants to the duties and responsibilities of a lifeguard; however, this course will not certify anyone to be a lifeguard. It will build a foundation of knowledge, attitudes and skills in preparation for the American Red Cross Lifeguarding course. Participants will also be part of facility upkeep and maintenance. Pride in your workplace is important! We will be providing uniform T-shirt and sun visor that Jr. Lifeguards will need when volunteering at Lowden Park Pool.

The skills evaluation will occur TBD. at Lowden Pool. Participants should wear swimwear under their clothes and bring a towel for the skills evaluation and for every class. Upon completion of the water test there will be some paperwork to fill out and the \$30 program fee will be due. Successful candidates will also be invited to participate in WDCPRD Aquatic Conditioning Camp May 1 – May 11, 2023.

Successful completion requires participation in skills practice. The practice sessions will require some strenuous physical activity. You are encouraged to check with your family health-care professional before participating in the practice sessions. If a medical condition or disability exists that might prevent participation in the activities, or if there are questions about fully participating in Junior Lifeguarding, please contact me to discuss this before the program begins.

To participate in Junior Lifeguarding, the following skills must be demonstrated:

- Swim the front crawl for 25 yards continuously while breathing to the front or side.
- Tread water for 1 minute using arms and legs.
- Show a level of comfort on the back by floating on the back for 30 seconds or swimming on the back for 25 yards using elementary back stroke or back crawl.
- Submerge and swim a distance of 10 feet underwater.

Completion of all volunteer hours, training and classes will result in successful completion of Jr. Lifeguard program year.

If there are any questions regarding Junior Lifeguarding, please contact us at 530-623-5925 or wdcprdoffice@gmail.com

Sincerely, Greg MacLaren Aquatics Director

Veronica Kelley-Albiez WDCPRD Administrator

## JUNIOR LIFEGUARD REGISTRATION INFORMATION

PARTICIPANT N	NAME:		D.O.B. //		
PARENT(S) NAI	ME(S):				
	ITACT #:ber will be used for any/al	(cell or home)			
•	••		<u> </u>		
SECONDARY CONTACT #		(cell or ho	me)		
T-SHIRT SIZE (F	PLEASE CIRCLE ONE)				
YOUTH SMALL	YOUTH MEDIUM	YOUTH LARGE	YOUTH X-LARGE		
ADULT SMALL	ADULT MEDIUM	ADULT LARGE	ADULT X-LARGE		
For administra	tive use only (check and ini	tial when received):			
<del></del>	Program Fee Paid	ck/cash			
	Medical Emergency Releas	e Form			
	A.R.C. Certification Complete & Paid				
	Participant completed all r	equirements			
# of Volunteer	Hours Completed by Augus	st 12 <sup>th</sup> , 2023	hours		
Notes:					

## MEDICAL AUTHORIZATION, LIABILITY WAIVER & PHOTO RELEASE WDCPRD JUNIOR LIFEGUARD PROGRAM

Participant Name			DOB /	/
Last	First M	I	-	
Address	City	State_	Zip	
Parents/Guardians Name				
Home phone	Work phone	Cell	phone	
E-Mail Address:				
Emergency Contact		Phone		
Emergency Contact #2		Phone		
Name of Insurance Carrier		Address:		
Phone	Policy #			
Family Physician		Phone		
All information will remain confid	ential.			
Does this participant have any al	lergies? Bee stings, med	ications, etc.?		
ls this participant taking any med	lication? Yes/No (if yes, pl	ease list medication)		
Do you feel this participant is phy	<u>/sically</u> able to stand the ri	gors of swimming?	YES or	NO
Is the participant capable of lifting	g at least 25 pounds? Y	ES or NO		

## WDCPRD Junior Lifeguard Program Waiver & Photo Release

In consideration of participation in the Junior Lifeguard Program, the undersigned: 1. Acknowledges and fully understands that each participant will be engaging in activities that involve risk and injury to themselves. 2. Assumes any and all risks of personal injury to the minor and authorize the WDCPRD staff to contact or render any medical treatment that may be deemed necessary for the minor. I (we) give authorization to a physician to treat or render emergency medical treatment when necessary. If such medical treatment is necessary, I agree to pay all medical bills relating to the injury arising from participation in any event or activity. 3. I hereby agree for myself, my child, my heirs, executors and administrators, to indemnify, defend and hold the Weaverville/Douglas City Parks & Recreation District, Trinity County and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants in the program, harmless from any and all liability and claims with the respect to any bodily injury, personal injury including death, or property damage which may occur to myself or my child or which may be aggravated by participating in a Junior Lifeguard Program. I/We release, waive, discharge, and convent not to sue the WDCPRD, the WDCPRD Lifeguards, their respective administrators, directors, coaches, and any other employees or volunteers of these organizations, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all liability, loss, damage, claim, demand, or cause of action against those attributable to the minor's participation in the event or activity, whether same shall arise by their negligence or willful or wanton misconduct of one of those individuals or organizations. 4. Warrant that minor is in good health and has no physical condition that would prevent the minor from participation in the event or activity. I/We have read the above waiver and release, understand that we have given up substantial rights by signing it

Signature of Parent or Guardian	Date						
COVID-19 Disclaimer							
By signing below, I understand that my and/or my child's participation in any LPP program is voluntary and that there is a potential risk of exposure to illness, including COVID-19. I also understand that LPP cannot guarantee that me and/or my child will not be exposed or contract illness including COVID-19 while attending a LPP Program. I also agree that I will keep myself and/or my child home should me/he/she show any symptoms of illness including cough, fever, or similar flulike symptoms in advance of any program day. Further, I will remove myself or pickup my child from the LPP program immediately upon notification that he or she is exhibiting any such symptoms.							
Signature of Parent or Guardian	Date						

and sign voluntarily. I the parent/legal guardian, consent to the minor's participation in the WDCPRD Junior Lifeguard Program. I consent to be photographed and to allow the WDCPRD to use photos taken of me and/or my minor for

promotional purposes.