



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BECOME LIFEGUARD CERTIFIED



Lifeguard Certification Training MAGIC VALLEY YMCA

- **Class Locations:**
Magic Valley YMCA, 1751 Elizabeth Blvd., Twin Falls
City of Twin Falls Pool, 756 Locust St. North, Twin Falls
- **Class Dates:**
April 20, 2019 - Prerequisite swim test at the City Pool - 7:45-9:00 am
April 20-May 3, 2019 - Online course work to be completed before first class
May 4 & 11, 2019 - Location TBD - 8:00 am-4:00 pm
May 12, 2019 - Final testing at the YMCA - 8:00 am-4:00 pm
- **Minimum Age:** Must be 15 years old by the start of the class.
- **Lifeguard Certification Prerequisite Swim Skills:**
 1. Swim 300 yards using a combination of front crawl, breaststroke or a combination of both.
 2. Students must demonstrate the ability to tread water for 2 minutes without using their hands.
 3. Students will have 100 seconds to swim 20 yards, surface dive to a depth of 7-10 feet to retrieve a 10 pound object, return to the surface and swim 20 yards back to the starting point holding the object and keeping the face at or near the surface so they are able to get a breath (swimming the distance underwater is not allowed). Exit the water without using a ladder or steps.
- **Lifeguard Waterfront Certification Prerequisite Swim Skills:**
Same as above except #1 is a 550 yard swim and add #4: Swim 5 yards, submerge and retrieve three dive rings placed 5 yards apart in 4-7 feet of water, resurface and continue to swim another 5 yards to complete the skill sequence.
- **What to Bring Each Day:** Course material, swim suit, towel, soap, shampoo, lock, snacks/drinks, money for lunches, glasses or contact case/solution and a writing utensil. Course manual and mask will be provided at the beginning of the course.
- **Cost:** \$250.00

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LIFEGUARD CLASS REGISTRATION FORM

Name _____ Female Male
 Address _____ City _____ State _____ Zip _____
 Phone _____ Email _____
 Date of Birth _____ Age _____

FOR OFFICE USE ONLY			
Check # _____	\$ _____	/ Cash \$ _____	/ CC \$ _____ / Receipt # _____
Date Paid: ___/___/___	Staff Initials: ____	Y Member <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Signature _____ Date: ___/___/___