LIFEGUARDING COURSE REGISTRATION FORM

1. To register, complete the following form and return with full payment to the Aquatics Center.
2. PLEASE inform the instructor of any important medical concerns you may have. An Emergency Medical Treatment form will be e-mailed to you and must be completed and returned prior to class.
3. A fee of $2.00 per day OR $40.00 per year is charged for parking on campus. Yearly permits may be purchased at the Vehicle Registration Office. For further parking information, call 717-948-6006.

Any questions or concerns should be directed to:

Craig Merkey, Associate Director of Recreation and Aquatics • 717-948-6664 or cam86@psu.edu

Erin Carr, Aquatics Administrative Support Assistant • 717-948-6740 or ebc5535@psu.edu

Participant's Name _____

Parent's Name (If under 18) _____

❑ Male ❑ Female Age _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____

E-Mail Address _____

APRIL 2024 - Lifeguarding Course $260 ($25.00 Pre-Req Swim, $235 Lifeguard Course)

WAIVER OF LIABILITY

Applicant understands that The Pennsylvania State University, through its Capital Union Building Aquatics Facility, offers exercise that can be potentially dangerous. Therefore, it being the intent of the Applicant to hold The Pennsylvania State University, its trustees, officers, agents, and employees harmless, Applicant hereby releases, waives and forever discharges the same from any and all liability for injury suffered by Applicant related to the use of the Capital Union Building Aquatics Facility and the locker rooms at his/her own risk.

It is recommended that Applicant become knowledgeable of all pool rules prior to using the facility.

Pool rules are posted in the facility.

Applicant also understands that due to emergencies in the pool area, the pool may need to close for the lifeguards on duty to attend to the victim(s). Also, due to swim meets and other University schedule changes, the pool schedule is subject to change.

_____

Print Name Sign Name Date

_____

Emergency Contact Name and Phone

Enclosed is a check for $_____, made payable to: The Pennsylvania State University.

Send payment and registration to:
Penn State Aquatics Center
777 West Harrisburg Pike
Middletown, PA 17057

Register in person:
Penn State Harrisburg, Capital Union Building
777 West Harrisburg Pike
Middletown, PA 17057

For Office Use:
Amount Paid: _____Payment type: _____check _____cash Payment date:_____
Additional Info:_____