

What:

When:

## April #2 2024 Lifeguard Certification Class

Red Cross Lifeguard/First Aid with CPR/AED Certification. Valid 2 Years.

When:	<b>Day 1:</b> Saturday, April $20^{th}$ $10:00 \text{ a.m.} - 7:00 \text{ p.m.}$ Day 1 starts with swim tests to show water competency. Then classroom videos, discussions, and lessons.			
	<b>Day 2:</b> Sunday, Apri Day 2 is In-water safety			assroom lessons.
	<b>Day 3:</b> Saturday, App. Day 3 is final instruction		-	ritten Test.
	Makeup Days: Available. Inquire which day is needed.  Each class will break for Lunch. Bring a lunch or money and transportation.			
Where:	50 Victor Street Lawren	nceville, GA 30046		
Details:	The American Red Cross Lifeguard Training Program is designed to train participants to be safe and effective professional lifeguards. This course includes community First Aid and Safety, Lifeguard Training, and CPR and AED for the Professional Rescuer. This course will show the participant how to recognize and effectively handle situations that arise while lifeguarding.  Requirements:  Minimum age: 15 years  Complete a non-stop progression of swimming skills as follows:  Jump in deep water, fully submerge and swim 150 yards freestyle or breaststroke  Tread water for 2 minutes with hands above water or under armpits  Swim 50 more yards freestyle or breaststroke  Starting in the water, swim 20 yards using front crawl or breaststroke, surface dive to depth of 7-10 feet, retrieve a 10 pound brick off the bottom of the pool, return to the surface, swim 20 yards back to the starting point with the object and exit the water without using a ladder or step, within 1 minute and 40 seconds.  This will be YOUR Certification to carry with you anywhere for 2 years. You will be			
	registered on the nationa	l registry and receive a	a virtual certificate once	g fully paid.
Cost:	\$225 <b>OR</b> \$75 deposit. Re	_		
How To:	Online: Email the fillable By Phone: We can take a By Mail: Send the lower In Person: Come to the fi	credit card by phone a portion below with che	and fill in the info for you eck or card info	u
Name		Phone	Email	
Address			D.O.B	/
In Case of Er	mergency	Phone	Email	
Payment Opt	ions: \$225 OR	\$75 Deposit	Check:	Cash
Credit Card:_		Exp Date:_	/CVC	Zip Code
No	ote: Leave blank any credit in	ıfo you prefer for security	v and call in the numbers to	o our office

Positively Pools, Inc • 50 Victor Street • Lawrenceville, GA 30046 Phone: 770 972-3111 • Fax: 770 972-3512 • Web: positivelypools.com