



www.StreamlineHealth.com (949) 713 – 7711

### COURSE NAME & PREREQUISITES:

American Red Cross **Lifeguard Recertification v. 2012 - Includes:** Lifeguarding, Standard First Aid and CPR/AED for Professional Rescuer (valid 2 years)  
The Lifeguard Recertification course will retrain/recertify participants to be an American Red Cross Lifeguard. Participants **must have current American Red Cross certifications** in Lifeguarding, Standard First Aid, CPR/AED for the Professional Rescuer. Participants must be at least **15 years old**, able to **Swim 300 yards** (12 lengths of a 25 yard pool) without stopping, using the front crawl and breaststroke, **Tread water for 2-minutes** with legs only and **Retrieve a 10lb weight from 7 feet, then swim 20 yards with the weight, using legs only.**

**Requirements for Successful Completion:** Participants must attend all scheduled class dates and times, demonstrate proficient land and water skills, and pass the written exam with a score of at least 80 percent. Upon successful completion of the course, participants will receive Electronic Certifications within 7 business days of the last class date. Please use the following steps to receive your electronic certification:

1. Email Streamline Health Services: [streamlinehealth@streamlinehealth.com](mailto:streamlinehealth@streamlinehealth.com)
2. In the Subject line of the email type "Requesting Electronic Certifications"
3. In the Body of the email type the following content: Participants Full Name, Course Name, Class Dates

### COURSE LOCATIONS & DRIVING DIRECTIONS:

Please allow 15 extra minutes for parking and facility check-in. Interactive Google Maps - [www.StreamlineHealth.com/contact.html](http://www.StreamlineHealth.com/contact.html)

#### LOS ANGELES COUNTY CLASS LOCATION

Splash! La Mirada Regional Aquatics Center  
13806 La Mirada Blvd., La Mirada, CA 90638 Contact: (562) 902-3191

#### ORANGE COUNTY CLASS LOCATION

Los Caballeros Racquet and Sports Club  
17272 Newhope Street, Fountain Valley, CA 92708 Contact: (714) 546 – 8560  
Park in the large parking lot, right past the parking garage. Meet in the Theater.

### COURSE DAYS & TIMES: \*Class Dates Attached on Page 2

Saturday/Sunday: 7:45am to 4:00pm

### COURSE REGISTRATION:

#### Option #1 Online Class Registration

Step 1 - Pay COURSE FEE and Complete the COURSE PARTICIPANT WAIVER online at [www.StreamlineHealth.com](http://www.StreamlineHealth.com)

#### Option #2 Mail-in Class Registration

Step 1 - Complete the COURSE PARTICIPANT WAIVER (page 3)

Step 2 - Mail COURSE PARTICIPANT WAIVER with COURSE FEE to: Streamline Health Services, PO BOX 5366, Newport Beach, CA 92662

### COURSE FEE:

\$135.00 – Lifeguard Recertification Course, without CPR Mask - CPR Mask is Required

\$150.00 – Lifeguard Recertification Course, CPR Mask

\$190.00 – Lifeguard Recertification Course, CPR Mask, Lifeguard Manual - Purchasing a Lifeguard manual is Optional. Participants will be provided a manual during class. The manual can be download for free from: [www.streamlinehealth.com/course\\_manuals.html](http://www.streamlinehealth.com/course_manuals.html)

**CPR Mask is Required for the Professional Rescuer. Purchasing a Lifeguard Manual is Optional.** Participants may purchase a CPR mask from Streamline Health Services for \$15.00, a Lifeguard Manual for \$40.00, and a Streamline Health Services' T-Shirt for \$15.00. Participants will receive their CPR Mask, Lifeguard Manual and T-Shirt (if purchased) on the first day of class.

#### **Course Fee Payable: Streamline Health Services**

Course fee payment options: cash, check, money order or online credit card payment. Streamline Health Services must receive the completed COURSE PARTICIPANT WAIVER (page 3) and COURSE FEE, in order to guarantee a spot in any class. Registered participants who pay online will receive an email confirmation, once their COURSE FEE has been received.

**WHAT TO BRING TO CLASS:** Bathing suit – **One-Piece Swim Suits for females**, a towel, pen or pencil, lunch or lunch money.

**REFUND POLICY:** There will be **No Refunds** once the course fee has been submitted. **This Includes:** participants who do not successfully complete this course or course prerequisites, who do not attend all scheduled class dates and times, who do not pass course land and water skills with proficiency (according to American Red Cross requirements) or who do not pass the written exam with a score of at least 80 percent.

**Class Transfer Fee is \$45.00.** Participants must notify Streamline Health Services of a class transfer, **at least 72 hours prior to the first class date** (of the class currently registered). Streamline Health Services reserves the right to CANCEL any class, due to low enrollment numbers. In the event of class cancellation, paid registered participants will be notified 48 hours prior to the first class date, by telephone.



## 2013 Lifeguard Recertification Class Schedule

(949) 713 – 7711 + [www.StreamlineHealth.com](http://www.StreamlineHealth.com)

2013 CLASS DATES: Choose one class below. You must attend all dates and times of the class you choose.  
 Class Days and Times: Saturday/Sunday: 7:45am to 4:00pm

#	Class Dates	Class Location	Location Address
01	January 12 - 13	Los Caballeros Racquet & Sports Club	17272 Newhope Street, Fountain Valley
02	February 2 - 3	Splash Regional Aquatics Center	13806 La Mirada Blvd., La Mirada
03	February 16 - 17	Los Caballeros Racquet & Sports Club	17272 Newhope Street, Fountain Valley
04	March 2 - 3	Los Caballeros Racquet & Sports Club	17272 Newhope Street, Fountain Valley
05	March 9 - 10	Los Caballeros Racquet & Sports Club	17272 Newhope Street, Fountain Valley
06	March 16 - 17	Splash Regional Aquatics Center	13806 La Mirada Blvd., La Mirada
07	April 6 - 7	Los Caballeros Racquet & Sports Club	17272 Newhope Street, Fountain Valley
08	April 13 - 14	Los Caballeros Racquet & Sports Club	17272 Newhope Street, Fountain Valley
09	April 20 - 21	Splash Regional Aquatics Center	13806 La Mirada Blvd., La Mirada
10	April 27 - 28	Los Caballeros Racquet & Sports Club	17272 Newhope Street, Fountain Valley
11	May 4 - 5	Splash Regional Aquatics Center	13806 La Mirada Blvd., La Mirada
13	May 18 - 19	Splash Regional Aquatics Center	13806 La Mirada Blvd., La Mirada
15	June 1 - 2	Los Caballeros Racquet & Sports Club	17272 Newhope Street, Fountain Valley
16	June 8 - 9	Los Caballeros Racquet & Sports Club	17272 Newhope Street, Fountain Valley
17	June 22 - 23	Los Caballeros Racquet & Sports Club	17272 Newhope Street, Fountain Valley
18	June 29 - 30	Los Caballeros Racquet & Sports Club	17272 Newhope Street, Fountain Valley
19	July 13 - 14	Los Caballeros Racquet & Sports Club	17272 Newhope Street, Fountain Valley
20	July 27 - 28	Los Caballeros Racquet & Sports Club	17272 Newhope Street, Fountain Valley
21	August 17 - 18	Los Caballeros Racquet & Sports Club	17272 Newhope Street, Fountain Valley
22	September 21 - 22	Los Caballeros Racquet & Sports Club	17272 Newhope Street, Fountain Valley
23	October 12 - 13	Los Caballeros Racquet & Sports Club	17272 Newhope Street, Fountain Valley
24	November 23 - 24	Los Caballeros Racquet & Sports Club	17272 Newhope Street, Fountain Valley
25	December 14 - 15	Los Caballeros Racquet & Sports Club	17272 Newhope Street, Fountain Valley



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COURSE PARTICIPANT WAIVER/RELEASE FORM ("AGREEMENT")

Please COMPLETE & MAIL, with COURE FEES to:

Streamline Health Services, PO Box 5366, Newport Beach, CA 92662 OR FAX to: (949) 209 - 1839

Name of Participant (please print): \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Participant FULL Address: \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Class Name: Lifeguard Recertification Class Location: \_\_\_\_\_ Preferred Class Date: \_\_\_\_\_

Medical Condition(s) / Medication(s): \_\_\_\_\_ T-Shirt Size (\$15.00): \_\_\_\_\_

Doctor Contact Name / Telephone: \_\_\_\_\_

IN CONSIDERATION of being permitted to participate in any way in the: Lifeguard Training course, WSI course, Lifeguard Instructor course, and/or Other Water Safety / CPR / First Aid activity: Lifeguard Recertification ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

- 1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) CLASS PARTICIPATION, ESPECIALLY ACTIVITIES INVOLVING SKILL PRACTICE AND TESTING (ESPECIALLY IN-WATER PRACTICE AND TESTING), HAVE RISKS OF INJURY INCLUDING SERIOUS BODILY INJURY OR DEATH (Risks); (b) TRAVELING TO AND FROM CLASS at the start, end, or break of class, OR TRAVELING TO SEPARATE TRAINING SITES, if two or more training sites are utilized, may involve driving, ride sharing, or otherwise traversing public streets, THEREBY INCURRING ADDITIONAL RISK OF INJURY INCLUDING SERIOUS BODILY INJURY OR DEATH (Risks); (c) these Risks may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (d) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Los Caballeros Racquet and Sports Club, Splash! La Mirada Regional Aquatics center, City of La Mirada, Cathedral Catholic High School, Streamline Health Services, Amy Alexander, their instructors/coaches/leaders conducting the Activity as well as their agents, employees, third party contact instructors, guest speakers, or assistants; the certifying agency if course certificates are being issued; other course participants; and, if applicable, the owners and lessors of premises on which the Activity takes place (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARTICIPANT'S SIGNATURE (age 18 or older): \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBERS: \_\_\_\_\_

MINOR'S RELEASE - ONLY IF PARTICIPANT IS UNDER THE AGE OF 18 YEARS

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF AFOREMENTIONED ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, AND FURTHER AGREE THAT, DESPITE THIS RELEASE, IF I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBERS: \_\_\_\_\_