



Reading Recreation Commission  
320 South 3<sup>rd</sup> Street  
Reading Pa 19602  
610-655-6067  
matthew.lubas@readingpa.gov

## Lifeguard Certification/Recertification 2019

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City Zip

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone#: \_\_\_\_\_

Does the participant have any special needs/health issues (included allergies): \_\_\_\_\_  
\_\_\_\_\_

Mark with (X) the class the class you are registering for:

\_\_\_\_\_ Lifeguard Certification

\_\_\_\_\_ Lifeguard Recertification

### Waiver of Liability

The undersigned in consideration of admittance to this activity does hereby for myself, my minor child, all heirs, successors, and assigns agree to release, waive, and forever discharge from all liabilities and further agree to indemnity, save and hold harmless the Reading Recreation Commission agents and employees from any loss, liability, damage, or costs which may be incurred due to participation in this activity.

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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### FOR OFFICE USE ONLY:

Lifeguard  @ \$190.00

Recertification  @ \$135.00

Paid Cash or Check (ck#: \_\_\_\_\_) Received By: \_\_\_\_\_ Date: \_\_\_\_\_