

Acalanes Union High School District Presents

2016 SUMMER JUNIOR LIFEGUARDING CAMPS

TRAINING TODAY'S YOUTH TO BE THE LIFEGUARDS OF TOMORROW.

Junior Lifeguards is designed to guide youth into the Red Cross Lifeguard Training program by building a foundation of knowledge, attitudes and skills for future lifeguards. Designed for kids ages 11-14.

The Jr. Lifeguard program offers comprehensive content in these five critical areas:

- Prevention: Prevent drowning and diving accidents.
- Fitness: Develop swimming skills and endurance.
- Response: Understand the basics of emergency response techniques and lifeguarding skills.
- Leadership: Learn decision-making and communication skills needed to succeed as a lifeguard.
- Professionalism: Learn the skills necessary to prepare for the important and vital work of lifeguarding.

CAMP DAYS, DATES & TIMES:

CAMP #	DAYS	DATES	TIMES
Camp #1	Monday thru Friday	June 20-24	10:00am-2:30pm
Camp #2	Monday thru Friday	June 27-July 1	10:00am-2:30pm
Camp #3	Monday thru Friday	July 11-15	10:00am-2:30pm
Camp #4	Monday thru Friday	July 18-22	10:00am-2:30pm

Campers should bring their own lunch daily.

FEES & REGISTRATION INFORMATION:

FEES: \$175.00 per camp

BY MAIL: Mail your registration form and payment to Soda Aquatic Center, 300 Moraga Rd., Moraga, CA 94556. Payments are accepted by check or cash. **Checks should be made payable to Acalanes Union High School District or AUHSD.**

IN PERSON: At the Soda Aquatic Center, 8am-12noon, located on the Campolindo High School Campus: 300 Moraga Road, Moraga, CA 94556.

Enter student parking lot off of Campolindo Dr., drive towards tennis courts, park in Soda Aquatic Center parking lot, and walk to facility.

NO CONFIRMATION: No news is good news. The department does not give advance confirmation for enrollment. Consider yourself registered unless otherwise notified by us.

REFUNDS: Refunds are allowed up to seven days prior to the first day of class; a \$15 service fee will be charged per class. **Participants may not make up classes that have been missed and all changes must be made by the second lesson.** Returned checks are subject to a \$100 charge or three times the amount of the check, whichever is less.

LIMITED ENROLLMENT – REGISTER EARLY: Enrollments are accepted in the order received. Early registration is strongly advised as some classes reach their maximum limits quickly.

REGISTER ON-TIME!!: All registrations and payments must be received in the office by the Thursday before the specific camp is scheduled to begin, no exceptions. There will be a \$25 late fee added to any registrations turned in after that point.



REGISTRATION

**PLEASE SEND TO:
SODA AQUATIC CENTER
300 MORAGA ROAD, MORAGA, CA 94556**

Acalanes Union High School District Registration Form

SEND TO: Soda Aquatic Center, 300 Moraga Road, Moraga, CA 94556

NOTE: One registration form must be completed for EACH PARTICIPANT.

More forms are available at the Soda Aquatic Center Office (925-280-3928) or you may duplicate this form.

Checks payable to: Acalanes Union High School District (AUHSD)

Parent/Guardian Name _____ Address _____ City _____ Zip _____
 _____ Street or P.O. Box _____
 Participant Name _____ Telephone _____ Home _____ Work _____
 _____ Last _____
 e-mail _____ First _____ Last _____
 _____ Participants Age (if under 18) _____

Swim Lesson Registrations – Please list first and second choice of lesson times. Assume your first choice was accepted unless you are notified.

Course Title	Time	Dates	Day(s)	Fee	For Office Use
1.					\$ Rec.
2.					Date Rec.
3.					

NO CONFIRMATION WILL BE SENT

I hereby waive all claim or claims against the Acalanes Union High School District (AUHSD), Board of Trustees, its agents and/or employees for personal injury to myself or my children while participating in the above AUHSD Program(s). I further agree to indemnify and hold harmless the AUHSD, Board of Trustees and its agents and employees from any claim or claims for personal injury or property damage against said entity arising from any activity by myself or my child(ren) which causes such injury or damage. I hereby authorize qualified physicians to render medical treatment or care that they may deem necessary for my child(ren) in case of illness or accident during such program(s).

Signature: _____ Date: _____