



**Red Cross Registration Form**

Mon-Fri 5:00am-9:00pm

Sat 6:30am- 8:00pm

Sun 8:00am- 6:00pm

*Pools close 15 minutes early*

**802.296.2850 | www.uvac-swim.org**

*Lifeguard Certification: \$320 Lifeguard Recertification: \$189 Lifeguard Instructor Training: \$399*

*Babysitter Training: \$125 Water Safety Instructor Training: TBA*

*CPR/AED/First Aid Certification: \$110 CPR/AED/First Aid Re-certification: \$65*

**Course Name** \_\_\_\_\_ **Course Date** \_\_\_\_\_

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

City,State,Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Payment information (circle one): Cash Check Credit Card Amount Paid \_\_\_\_\_

*Make checks payable to: Upper Valley Aquatic Center*

**Refund Policy:**

A non-refundable payment reserves your spot in the course with the following exceptions:

1. If UVAC or the Red Cross cancels the program (including for weather) we will issue a FULL refund
2. If the student fails to pass the swim test, a FULL refund will be issued
3. If the student cancels with LESS THAN A TWO WEEK notice, only a 50% refund will be issued or the student may choose a full credit for the next class
4. If the enrolled student does not pass the course upon completion of all sessions they will be given a six-month grace period to take another course, but no money will be refunded

***I accept full responsibility for my use (and/or my child's) of all apparatus, appliances, facility privileges, or service whatsoever, owned and operated at this center at my own risk and shall hold this club, it's shareholders, Directors, & Representatives harmless from any and all loss, claim, injury, damage or liability sustained or incurred by me resulting there from.***

***O Photo Waiver (Please check and sign): I hereby authorize Upper Valley Aquatic Center to publish the photographs taken of me for use in the Upper Valley Aquatic Center's print publications, social media, and website.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature

(for applicants 18 and under) \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use:

Paid: Cash / Check / CC \_\_\_\_\_ Date Rec. \_\_\_\_\_ Staff Initials \_\_\_\_\_ Enrolled Activenet \_\_\_\_\_