



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.UVACswim.org

Lifeguard Certification: \$340 Lifeguard Recertification: \$195 Lifeguard Instructor Training: \$399

Babysitter Training: \$85 Water Safety Instructor Training: TBA

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

Course Name: _____ Course Date: _____

Participant Name: _____

Address: _____

City,State,Zip: _____ Phone: _____

DOB: _____ Email: _____

Where did you hear about us?

Web/Facebook Brochure Newspaper Bus Walk-In Mailer Radio

14-Day Trial Program/Event American Red Cross Friend

Other _____

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.

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 _____