

**City of Mineral Wells**  
**Parks and Recreation**  
**Lifeguard/WSI/Lifeguard Re-certification Registration Form**  
(please print)

Name: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Do you have any pre-existing medical conditions? \_\_\_\_\_ yes \_\_\_\_\_ no

Emergency Contact (name): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Name of Course Desired: \_\_\_\_\_ Fee: \_\_\_\_\_

The undersigned hereby acknowledges that participation in Red Cross training courses involves an inherent risk of physical injury or death and by the execution of this release hereby assumes all such risk. The undersigned agrees and do hereby release and forever discharge the City of Mineral Well, and its officers, agents, instructors and employees from any and all claims, demands, rights and causes of action of whatever kind or nature arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damages to property, and the consequences thereof, resulting in the participating child's participation in the Red Cross training course. The undersigned do further understand that the acceptance of this release and waiver of liability by the City of Mineral Wells shall not constitute nor be construed as a waiver, in whole or in part, of sovereign or official immunity of the City, it's officers, agents, instructors and employees.

Statement of Understanding: I verify that the above information is correct and that I have read and fully understand all of the course requirements including prerequisites, attendance, and refund policies as described in this brochure.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent/Guardian  
(if under 18)

Please note: If registering for more than one course a separate registration form must be submitted.

Receipt # \_\_\_\_\_ P.A.R.D. Representative Initials \_\_\_\_\_ Date: \_\_\_\_\_