

Swimmer Aide School

A SWIMMER AIDE is interested in:

- ≈ Working with children
- ≈ Volunteering time
- ≈ Learning how to teach swimming

SWIMMER AIDE training includes:

- ≈ Life Guard techniques
- ≈ First Aid and accident prevention
- ≈ Stroke demonstrations
- ≈ Methods of teaching swimming
- ≈ Techniques of testing and grading

SWIMMER AIDE eligibility:

- ≈ 11 to 18 years old
- ≈ Possess Intermediate or better swimming skills

SWIMMER AIDE training dates for 2020:

- ≈ Monday through Friday - June 15—19, 2020, 9 AM-12 Noon at Oceana High School Pool, 401 Paloma Ave., in Pacifica

Complete the application below and return to the Parks, Beaches and Recreation Dept., 1810 Francisco Boulevard (MAILING ADDRESS: 170 Santa Maria Avenue), Pacifica, CA 94044 by **Friday, JUNE 5, 2020.**

Registration and Waiver Form Swimmer Aide Program—Summer 2020

This portion must be returned by **June 5th** to Aquatic Staff or PB & R office

Participant Name	Male/Female	Home Phone	
Participant Address	Age	Emergency Phone	
Swimmer Aide Program	June 15—19	9-12 pm	Oceana Pool
Program	Date	Time	Location

RELEASE OF LIABILITY, INDEMNITY AND ASSUMPTION OF THE RISK

I understand that the Activity(ies) for which I am registering, including, but not limited to, any class, program or event "Activity(ies)" provided in connection with the City of Pacifica can be dangerous and involves the risk of injury, property damage or death. Despite the risk involved and in consideration of the right to participate, I **voluntarily agree to expressly assume any and all risk of injury, property damage, or death** which might be associated with participation in the Activity(ies), and use of any facilities belonging to the City of Pacifica. I agree, on behalf of myself and my heirs, successors or assigns, to hold harmless, indemnify and defend the City of Pacifica, its officers, employees, and agents ("City") against any and all liability, claims, losses, damages, lawsuits or expenses, including reasonable attorneys' fees, arising in connection with my participation in Activity(ies). I agree to the use of my name and/or photo for City publicity. I agree in case of emergency City may administer CPR or arrange for medical transport. I agree the City is not responsible for lost or stolen items. I agree the City may deny me permission to participate in Activity(ies).

PARENTAL/LEGAL GUARDIAN CONSENT (to be completed if applicant is under 18 years of age): I give consent for my son/daughter to participate in the Activity(ies), and I execute the above Release on his/her behalf. I have read and understood the registration form, liability release and parental consent form, and agree to all their terms and conditions.

Parent or Guardian Signature

Date