

2022 Bethlehem Town Pool Red Cross Teen Programs

Water Safety Instructor- Aide Certification (Swim Teacher Aide Training)

Training session:

Tues. June 28 – Th July 14
M, T, W, TH 10:30 am – 2 pm

Apprenticeship of 20 hour occurs during teaching times

July 18 – July 28 and/or Aug 1 – Aug 11
M, T, W, TH 10:30 am – 2 pm

\$50 Red Cross Learn -to Swim Level 3 Swimmers and up. Ages 12 – 16

Description of class: Anyone wanting to become a teacher's aide in an American Red Cross Learn-to-Swim program should take this class. Swim Teachers through the American Red Cross are referred to as WSI (Water Safety Instructors).

Participants must be at least 12 years old **and** have Red Cross Learn- to-Swim Level 3 swimming skills. A pre-class swim skills assessment is given the first day of class (see below).

In addition to class time, 20 hours of apprenticeship assisting our swim lesson program is required for WSI-aide Certification. Participants will need to complete the WSI-Aide Handbook. Certification is awarded based on classroom participation, completion of assignments, and successful apprenticeship hours.

Classroom time: 10:30 am – 11:30 am
Swim Team 11:30 am - 12:30 pm
Teaching time: 12:30pm – 2:30 pm (aide will have a break during this time)

Max of 6 participants each session (choice of weeks will be first come, first serve).

Pre-class skills assessment (Learn-to-swim level 3 exit skills):

1. Jump into deep water from the side, recover to the surface, maintain position by treading or floating for 1 minute, rotate one full turn then turn as necessary to orient to the exit point, level off, swim front crawl and/or elementary backstroke for 25 yards, then exit the water.
2. Push off in a streamlined position then swim front crawl for 15 yards, change position and direction as necessary, swim elementary backstroke for 15 yards, then exit the water.
3. Swim 25 yards of each of the following strokes:
 - Front Crawl
 - Breaststroke
 - Elementary Backstroke
 - Sidestroke

Bethlehem Town Pool will pay the Red Cross courses fees for WSI-aides who complete a course & apprenticeship hours when they are eligible to take the WSI Course at 16 years of age.

2022 Red Cross Teen Program Participant Information

PARTICIPANTS NAME _____

GRADE COMPLETED _____ DATE OF BIRTH _____ AGE _____ MALE _____ FEMALE _____

ADDRESS _____

LEARNING STYLE and concerns instructor should be aware of:

ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF? Allergies? Asthma? Seizures? Diabetes? Other?

PARTICIPANT IS A: _____ Swim Teacher aide
Training session: \$50
June 28 - July 15
M, T, W, TH 10:30 am- 2:00 pm

_____ Junior Lifeguard
Training session: \$150
July 5 - Aug 4
M, T, W, 2-5 PM, Thursday TBA

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME: _____ RELATIONSHIP _____
PHONE _____ EMAIL _____

PARENT/GUARDIAN NAME: _____ RELATIONSHIP _____
PHONE _____ EMAIL _____

EMERGENCY CONTACT INFORMATION (Contact person other than a parent, who can be reached.)

NAME: _____ RELATIONSHIP _____ PHONE _____

RELEASE CAUSE

I, the undersigned, as the parent or legal guardian of the child listed on this application agree and understand that swimming is a hazardous activity. I recognize that there are risks inherent in the sport of swimming, including but not limited; to paralyzing injuries and death.

The undersigned hereby releases and holds harmless the Town of Bethlehem, it's Council and any officers, employees or agents thereof from any and all claims, liabilities or demands whatsoever arising or claimed to have arisen out of the enrollment or participation in any program by the participant herein. The Bethlehem Town Pool assumes no responsibility for any personal property placed in or about the facility.

The parent/guardian authorizes any representative of the Bethlehem Public Pool to have the participant treated in any medical emergency during their participation in the Bethlehem Town Pool swim lessons or programs. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I also understand that photos are occasionally taken at the Bethlehem Town Pool and that any photo taken of my child may be used for publicity purposes.

If you do not wish for the Bethlehem Town Pool to use photos of your child for publicity purposes, please initial here _____.

I have read and understood, and I agree with the Release Cause outlined above.

X _____
SIGNATURE OF RESPONSIBLE PARTY RELATIONSHIP DATE

-----FOR OFFICE USE ONLY-----

PERSON PAYING: _____

PHONE: _____
(IF PERSON IS DIFFERENT THAN THE CONTACT PERSONS)

PAYMENT TYPE CHECK # _____

CASH

TOTAL AMOUNT _____

AUTHORIZED BY _____