



Please print off, fill out legibly and return with payment.

Mail form and check to:

Baylor Tom Landry Fitness Center
Attn: Accounting - Suite 1900
411 N. Washington
Dallas, TX 75246

Or

Fax registration form to 214-820-4828
and call 214-820-7946 to pay by credit card
(Preferred Method)

Please Circle Appropriate Selection
Lifeguard Training \$200
Lifeguard Re-cert \$100
CPR/AED for Lifeguards Re-cert \$50
Lifeguard Instructor \$250
Session #: _____ (session #'s are listed on the website)

Participant Information:

Last Name: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____ County: _____
E-mail Address: _____ Phone Number: (____) _____
Gender (M/F): _____ Date of Birth: ____/____/____ Age: _____

Emergency Contact's Information:

Name: _____ Relation to participant: _____
Home Phone: (____) _____ Mobile Phone: (____) _____

How did you hear about us? (Please select one)

- Website Friend American Red Cross
Returning Student City of: Employer:
Other: _____

Please confirm that you have read and understand the following information posted on our website:

- I have read and understand the course pre-requisites
I have read through the Frequently Asked Questions

Medical Release

I _____, hereby enroll myself in the Lifeguard Training Program. I waive all claims against the BTLFC, the Baylor Health Care System and any of its affiliates, including all employees of each entity. I have no current health problems that would prevent me from participating fully in this program. I hereby give consent to be medically treated for injury or illness if the need arises while I am attending classes.

Signature (Parent's if minor): _____ Date: ____/____/____