



Parks and Recreation Department  
1100 Chatham Av Norwalk, IA 50211 515.981.9206



## American Red Cross Lifeguard Training

*PRE-REGISTRATION REQUIRED*

(Register online @ [www.norwalk.iowa.gov](http://www.norwalk.iowa.gov), Parks and Recreation office, or by mail)

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Students must be 15 years old and be able to pass certain swimming requirements. Instruction in water rescue, first aid, CPR, AED and use of special life saving equipment will be taught. Participants who pass will be awarded a two year Red Cross Certification. Please register at the Norwalk Parks and Recreation office.

### Dates

**Registration Dates:** May 11 to May 22

**Program Dates:** June 2 to Jun 6 (tentative)

**Program Times:** 9:00 am to 4:00 pm

### Information

**Cost:** \$165.00 residents

\$201.25 non-resident

**Location:** Norwalk Aquatic Center

**Min/Max:** 5/10



TURN OVER TO FILL OUT REGISTRATION INFORMATION

# Norwalk Parks and Recreation Registration Form

## Individual Information:

Name:

Address:

City, State, Zip:

Daytime Phone #:  Type:

Evening Phone #:  Type:

Cell Phone #:  Preference:

Email Address

Parent: \_\_\_\_\_

## Activity Information:

Program  Registration Fee  Late Fee

## Financial Assistance Program

This program is intended to open up participation opportunities for Norwalk area children by reducing financial obstacles for those who may not be participating because they cannot afford to pay the registration fees.

**Would you like to contribute \$1.00 (or more) to this program?** Yes \_\_\_\_\_ No Thank You  
*(if yes, please add your donation to the registration fee - and THANK YOU!)*

## Additional Comments/Medical conditions (if any):

## Liability Wavier:

I give permission for my child to participate in this program and agree not to hold the Parks and Recreation Department, their staff, or any volunteer helpers responsible for any accidents. I have READ and AGREE to the waiver:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY: 499.4503

PAID \_\_\_\_\_ CK# \_\_\_\_\_ CASH \_\_\_\_\_ By: \_\_\_\_\_  
Credit Card \_\_\_\_\_ Number \_\_\_\_\_ Expires \_\_\_\_\_