

WSI Course Registration

Price: \$200

The purpose of the American Red Cross Water Safety Instructor course is to train instructor candidates to teach courses and presentations in the American Red Cross Swimming and Water Safety program by developing their understanding of how to use the course materials, how to conduct training sessions and how to evaluate participants' progress.

This course is taught in the style of blended learning. This class will be broken up into online components along with the traditional classroom setting. There is approximately 7 hours of online work that must be completed before the first day of each class. Online modules will be available once the Pre-requisite skill evaluation has been completed

Age requirement: You must be at least 16 years old on the first day of class to be eligible for certification

Participant's Name: _____ Phone number: _____

Email Address: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Prerequisite skill evaluation

___ I understand that the completion of the prerequisite skills is required to participate in this course. The required skills that must be passed includes:

- Demonstrate the ability to perform the following swimming skills
 - Swim the following strokes consistent with the Stroke Performance Charts, Level 4
 - Front Crawl, 25 yards
 - Back Crawl, 25 yards
 - Breaststroke, 25 yards
 - Elementary Backstroke, 25 yards
 - Sidestroke, 25 yards
 - Butterfly, 15 yards
 - Maintain position on back for 1 minute in deep water (floating or sculling)
 - Tread water for 1 minute

**Pre-Requisite skills MUST be completed one week prior to the first day of class. The cost of the class is required up front before the pre requisite skills test will be given. Refunds are NOT given for those who do not meet requirements.*

**Registration deadline is one (1) week before the first class of each session*

Circle the class that best fits your schedule:

March 9, 10, 16
9am – 6:30pm

May 4, 5, 11
9am – 6:30pm

Waiver

I acknowledge that The University of Memphis Campus Recreation Intramural Services does not provide health or accident insurance for its program participants. I, the undersigned, recognize that my child and/or I participate at our own risk.

Signature: _____ Date: _____

CRIS Staff:

Method of Payment: _____ Amount Paid: _____ Receipt number: _____ Initials: _____