

2026 AMERICAN RED CROSS LIFEGUARD TRAINING



Course Description

This course trains lifeguards to act with speed and confidence in emergency situations both in and out of the water. To successfully complete the course, participant must complete class assignments and attendance requirements, pass the written exam and a practical water skills test. The lifeguard training program is designed to train and to prepare individuals for the demanding occupation of a Professional Lifeguard.

Must be at least 15 years of age on final day of testing.

What's required in order to receive your certification

- Prerequisite 1: Complete a swim-tread-swim sequence without stopping to rest: Jump into the water and totally submerge, resurface then swim 150 yards using the front crawl, breaststroke or a combination of both. Swimming on the back or side is not permitted. Swim goggles are allowed. Maintain position at the surface of the water for 2 minutes by treading water using only the legs. Swim 50 yards using the front crawl, breaststroke or a combination of both.
- Prerequisite 2: Complete a timed event within 1 minute, 40 seconds: Starting in the water, swim 20 yards. The face may be in or out of the water. Swim goggles are not allowed. Surface dive (feet-first or head-first) to a depth of 7 – 10 feet to retrieve a 10-pound object. Return to the surface and swim 20 yards on the back to return to the starting point, holding the object at the surface with both hands and keeping the face out at or near the surface. Exit the water without using a ladder or steps.

How Much Is The Course

- \$125 Per Participant

LOCATION & CLASS SCHEDULE

EDNA CITY POOL

(Registration Due by April 29)

Monday, May 4	4:30pm-7:00pm
Tuesday, May 5	4:30pm-7:00pm
Wednesday, May 6	4:30pm-7:00pm
Thursday, May 7	4:30pm-7:00pm

Must attend all sessions in order to pass and receive certification. This course combines in-person sessions with interactive online instruction. You will be required to complete the online portion of the course prior to the second day of class. Class size requires a minimum of 5 participants and maximum of 10 per class. First registered and paid, first served.

For more info, contact Michele Morales
361-551-2562 or mmorales@ymcavictoria.org
Calhoun County YMCA 713 Hwy 35 S. Port Lavaca Texas 77979



LIFEGUARD TRAINING REGISTRATION FORM

Location: EDNA CITY POOL

Name: _____

Gender M F DOB: _____ Age: _____ Grade: _____

Parent/Guardian Full Name: _____

Parent Phone No: _____

Participant Phone No: _____

Participant E-mail Address: _____

Address: _____

City/State: _____

- Participants must abide by the YMCA code of conduct.
- The YMCA has the right to eliminate a participant for misconduct.
- NO REFUND will be given once first class has met.

Permission for Enrollment and Release of the YMCA of The Golden Crescent from Liability

I give my child permission to participate in YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability for any injury, loss, or damage connected in any way whatsoever to participation in YMCA activities whether on or off YMCA's premises. I understand that this release includes any claims based on negligence, action, or inaction of the YMCA, its staff, directors, members, and guests. I have read and am voluntarily agreeing to this authorization and release.

Authorization of Emergency Medical Treatment

If my child should become ill or injured during a YMCA activity, I understand that the YMCA will, (1) contact me immediately or, (2) contact the person I have designated as the emergency contact person if I can't be reached. Should the YMCA be unable to reach me, or the person designated, they are authorized to arrange for immediate emergency treatment necessary to insure my child's health and safety. I accept responsibility for payment of medical services rendered.

Photo/Video Release

I grant permission to the YMCA to use photographs and videotapes taken of my child for YMCA publication purposes

I have read and understand the above information. My child has permission to participate in this YMCA Aquatics Program with the conditions set forth.

Parent/Guardian Signature _____ Date _____

Calhoun County YMCA
Michele Morales
mmorales@ymcavictoria.org • 361-551-2562

Staff Use:
Amount Paid: _____ Date Paid: _____
Staff Initial: _____