



**City of Memphis
Division of Park Services
Aquatics
Lifeguard Training Registration Form**

NAME: _____ **DATE OF BIRTH:** _____

AGE: _____ **MALE:** _____ **FEMALE:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

E-MAIL ADDRESS: _____

TELEPHONE: (H) _____ **(W)** _____ **(CELL)** _____

AGREEMENT

I agree to take a Lifeguard Training course from the City of Memphis, Division of Park Services (DPS). I do understand that I will pay \$30.00 towards the certification & material cost. I agree to work for DPS for a period of one year after completing the course. I also agree that DPS will have the right to hold my certification during that time. If I do not complete the 1 year period and request Park Services to release my certifications, I agree to pay \$120.00 to DPS as these fees have been waived for other costs related to the lifeguard training course.

SIGNATURE: _____ **DATE:** _____

Paid \$ _____ in Check _____ Money Order _____

Date _____

Received By _____