

Lifeguard Class



Registration Form

Name: _____ Age: _____

Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Payment will be due only if participant successfully completes the pre requisite swim.

Please submit registration form in person to the Hudson High School Main Office, or by mail to the below address before 02/25/2018.

ATTN: Pool Coordinator

215 Harry Howard Avenue

Hudson, NY 12534

