

REGISTRATION FORM

Lifeguard Review Course

Name _____

Mailing Address: _____

Street

City, & Zip

Email: _____

Phone _____

_____ Cost \$100 Registration fee LG/CPR/AED/FA

Make checks payable to Shaker High School.

Money Due with this registration form to Mrs. Kippen

Wednesday, May 19th, 2021.

I will not accept registration forms after May 19th.

Please mail form and check to school or drop off at Athletic Office. 445 Watervliet Shaker Rd, Latham, NY 12110.