

# WORCESTER JCC - AQUATICS DEPARTMENT

633 SALISBURY STREET, WORCESTER, MA 01609

Questions? Kelly Sampson, Aquatics Director, x 235, ksampson@worcesterjcc.org  
Nadya Mahoney, Assistant Aquatics Director, x 250, nmahoney@worcesterjcc.org

## American Red Cross WSI Water Safety Instructor Course

This course is designed to teach participants the American Red Cross Safety Instructors. The focus is on planning, organizing, sequencing, skill development and Red Cross procedures and policies. Participants who successfully complete all requirements will receive WSI certification.

Worcester JCC



**DATES & TIMES:**      **SUNDAY - MARCH 28 & APRIL 11.....8:00 AM - 5:00 PM**  
   **MONDAY - APRIL 12, 26, AND MAY 3.....5:30 PM - 9:30 PM**

**WHERE:**                    **WORCESTER JCC**

**FEE:**                        \$200/members; \$250/nonmembers.....35-0328-1

- PREREQUISITES:**
- 16 years old
  - Proficient swimmer
  - Tread water 1 minute
  - Skull 1 minute
  - Swim 15 yards Butterfly
  - Swim 25 yards: Front Crawl, Back Crawl, Breaststroke  
   Sidestroke, Elementary Backstroke

Refunds: Cancellation fee of \$60 if you withdraw prior to start date.  
No refunds once the program has started.

The JCC is open to all regardless of race, color, religion, national origin, gender, sexual orientation, age disability or economic condition.  
The Center is handicapped-accessible. [www.worcesterjcc.org](http://www.worcesterjcc.org)

REGISTRATION: Complete the following & return, with payment, to the JCC, 633 Salisbury St., Worc., MA , 01609 or bring it to the kiosk, or fax to JCC 508-754-3373. Refund Policy: Refund/credit to account shall be allowed, less a \$60 fee, for all cancellations or changes by participant, if notice of cancellation or change is received by the JCC office before the starting date of the program. Full refund/credit shall be made in the event an activity is cancelled by the JCC due to insufficient registration.  
**(WSI - Water Safety Instructor...35- 0328-1)**

\$200/Member...Date of Birth \_\_\_\_\_ \$250/Nonmember...Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ # Attending: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

Cash Check MC Visa Credit/Debit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_