



To be eligible for the Water Safety Instructor course, candidates must:

- Be at least 16 years old on or before the final scheduled session of this course – August 19, 2010
- Swim at Level 4 or above
- Pick up WSI Packet and have materials printed out prior to starting date.
- All instructor candidates are strongly encouraged to obtain and maintain current certifications in standard First Aid, AED, CPR for the Professional Rescuer and Lifeguarding

Dates and Location:

- August 16-19 from 8 A.M. – 6 P.M. Breaks will be included.
- Bismarck State College Aquatic and Wellness Center
1601 Canary Ave, Bismarck, ND 58503
701-751-4266

Cost:

- \$200

Registration Deadline:

- August 10, 2010
- Please stop by the Aquatic & Wellness Center to register for class, schedule a swim test date and pick up your WSI packet.

Water Skills Pretest:

- Front crawl - 25 yds
Back crawl - 25 yds.
Breaststroke - 25 yds.
Elementary backstroke - 25 yds.
Sidestroke - 25 yds.
Butterfly - 15 yds.
- Maintain position on back 1 minute in deep water (floating or sculling)
- Tread water for 1 minute

Water Safety Instructor Course



Classroom Expectations:

- Bring a **three inch 3-ring binder** to organize handouts and notes and the papers you print off from the CD-Rom 2.
- Bring extra paper and pen/pencil
- Men will need to wear boxer type swim suits. Ladies need to have a one piece suit. Bring along extra suits and towels. Goggles are helpful.
- Please bring extra warm clothes to wear when you get out of the pool.

We will go over a lot of information in a short amount of time. You need to make this course a priority. If there is going to be any conflicts with the class times contact Bryce Bachman. Work phone-701-751-4266.

Instructors:

Ann Kempf & Loic Joseph

Make this class a priority like a job!

Please print the following from the CD and bring them to class.

- Lesson Plan template (4 copies)
- Sample Block Plans Parent and Child Aquatics Levels 1 and 2
- Sample Block Plans Preschool Levels 1 through 3
- Sample Block Plans Levels 1 through 5
- Skills Checklists Parent and Child Aquatics Levels 1 and 2
- Skills Checklists Preschool Levels 1 through 3
- Skills Checklists Levels 1 through 5
- Stroke performance charts levels 1 through 6
- Achievement cards levels 1 through 4

Please review the following forms from the CD. They do not need to be printed.

- Task cards
- Sample Block Plans for Level 6

BISMARCK PARKS AND RECREATION DISTRICT WAIVER AND RELEASE OF CLAIMS

Please read this form carefully and be aware that in registering yourself or your child/ward for participation in the below program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the below program(s).

I recognize and acknowledge that there are certain risks of physical injury and/or death to participant in the below program(s) and, I agree to assume the full risk of any such injuries, death, damages, or loss regardless of severity which I or my child/ward may sustain as a result of involvement with the below program(s). Further, I hereby waive and relinquish all claims that I, my insurer, or my child/ward may have against the Park District and its officers, servants, and employees from any and all claims for injuries, damages, or loss which I or my child/ward may have or which may accrue to me or my child/ward in relation to his/her involvement with the below program(s), regardless whether the activities involved are supervised or unsupervised. I also agree to hold the Park District harmless for any injuries, death, or damages sustained in relation to my child/ward's involvement with the below program(s). Nothing in this release shall be intended to release the Park District from responsibility of fraud or willful injury to person or property, nor for any violation of law. This release is intended to and releases only claims for negligence and/or non-willful or non-criminal claims. **I UNDERSTAND THAT PARTICIPATING IN THE COURSE DOES NOT GUARANTEE PASSING THE CLASS. I HAVE READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT OUTLINING MY ASSUMPTION OF RISK AND WAIVER AND RELEASE OF ALL CLAIMS.**

Participant or Parent/Guardian Signature _____ Date _____

PARTICIPANT'S NAME (FIRST, MI, LAST)			
STREET ADDRESS (CITY, STATE ZIP)			
PHONE (H)	PHONE (W)	PHONE (C)	
GENDER	DATE OF BIRTH	E-MAIL ADDRESS	
CONTACT (FIRST, LAST)	RELATIONSHIP	PHONE	
DOES THE PARTICIPANT HAVE ANY SPECIAL LIMITATIONS?			