This exciting program provides swimming skills, promotes water safety and encourages youth to consider future careers as lifeguards. Lessons are taught by Parks & Recreation Pool Guards who are certified American Red Cross Water Safety Instructors.

<table>
<thead>
<tr>
<th>Location</th>
<th>Registration Begins</th>
<th>Session I</th>
<th>Session II</th>
<th>Session III</th>
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<tr>
<td>City Heights Recreation Center</td>
<td>June 1</td>
<td>1-week sessions, June 17 – August 23</td>
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<tr>
<td>4380 Landis St., 92105 (619) 641-6126</td>
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<tr>
<td>Robert Egger Sr./South Bay</td>
<td>May 11</td>
<td>June 1 – July 5</td>
<td>July 8 – July 12</td>
<td>July 15 – July 19</td>
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<tr>
<td>Recreation Center</td>
<td>1885 Coronado Avenue, 92154 (619) 424-0470</td>
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<tr>
<td>Paradise Hills Recreation Center</td>
<td>June 1</td>
<td>July 15 – July 19</td>
<td>July 22 – July 26</td>
<td>July 29 – Aug 2</td>
</tr>
<tr>
<td>6610 Potomac Street, 92139 (619) 527-3419</td>
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<tr>
<td>Linda Vista Recreation Center</td>
<td>July 13</td>
<td>July 29 – Aug 2</td>
<td>Aug 5 – Aug 9</td>
<td>Aug 12 – Aug 16</td>
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<tr>
<td>7064 Levant Street, 92111 (858) 573-1392</td>
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<tr>
<td>Ocean Beach Recreation Center</td>
<td>June 17</td>
<td>Aug 5 – Aug 9</td>
<td>Aug 12 – Aug 16</td>
<td>Aug 19 – Aug 23</td>
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<tr>
<td>4726 Santa Monica Avenue, 92107 (619) 531-1527</td>
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</tbody>
</table>

**To Register:** Participants must register at the recreation center where lessons will be conducted. Prior to registering, please fill out an ActiveNet Customer Profile on the reverse side and return the form to the center staff on date of registration.

AS A RECIPIENT OF FEDERAL FUNDS, THE CITY OF SAN DIEGO CANNOT DISCRIMINATE AGAINST ANYONE BASED ON RACE, COLOR, CREED, SEX, AGE, NATIONAL ORIGIN OR ANCESTRY, RELIGION, PREGNANCY, PHYSICAL OR MENTAL DISABILITY, VETERAN STATUS, MARITAL STATUS, MEDICAL CONDITION, GENDER (TRANSSEXUAL AND TRANSGENDER), SEXUAL ORIENTATION, AS WELL AS ANY OTHER CATEGORY PROTECTED BY FEDERAL, STATE OR LOCAL LAWS. IF ANYONE BELIEVES HE OR SHE HAS BEEN DISCRIMINATED AGAINST, HE OR SHE MAY FILE A COMPLAINT ALLEGING THE DISCRIMINATION WITH EITHER THE CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT (CONTACT DEPUTY DIRECTOR (619) 525-8235) OR THE OFFICE OF EQUAL OPPORTUNITY, U. S. DEPARTMENT OF THE INTERIOR, WASHINGTON, D.C. 20240. THIS INFORMATION IS AVAILABLE IN ALTERNATIVE FORMATS UPON REQUEST. PRINTED ON RECYCLED PAPER.
ActiveNet Customer Profile

Parent/Guardian: _____________________________________________________________

Address: ____________________________________________________________________

Phone: ______________________________________________________________________

E-Mail: _____________________________________________________________________

Gender: M or F Date of Birth: _________________________________________________

Emergency Contact: __________________________________________________________

Relationship: ___________________________ Phone: ______________________________

Additional Family Members:

Name: ____________________________________________________ Role: Adult or Child
Gender: M or F Date of Birth: _________________________________________________

Name: ____________________________________________________ Role: Adult or Child
Gender: M or F Date of Birth: _________________________________________________

Name: ____________________________________________________ Role: Adult or Child
Gender: M or F Date of Birth: _________________________________________________

Name: ____________________________________________________ Role: Adult or Child
Gender: M or F Date of Birth: _________________________________________________

Name: ____________________________________________________ Role: Adult or Child
Gender: M or F Date of Birth: _________________________________________________

Name: ____________________________________________________ Role: Adult or Child
Gender: M or F Date of Birth: _________________________________________________

ActiveNet Perfil Del Cliente

Padre/Tutor: __________________________________________________________________

Dirección: __________________________________________________________________

Número de Teléfono: __________________________________________________________

Correo Electrónico: __________________________________________________________________

Género: M or F Fecha de Nacimiento: _____________________________________________

Emergency Contact: __________________________________________________________

Relación: ___________________________ Número de Teléfono: ________________________

Miembro Adicional de la Familia:

Nombre: ____________________________________________________ Role: Adultos o Niños
Género: M or F Fecha de Nacimiento: ______________________________________________

Nombre: ____________________________________________________ Role: Adultos o Niños
Género: M or F Fecha de Nacimiento: ______________________________________________

Nombre: ____________________________________________________ Role: Adultos o Niños
Género: M or F Fecha de Nacimiento: ______________________________________________

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Género: M or F Fecha de Nacimiento: ______________________________________________