

NAME OF  
PARTICIPANT:

Name of UK \_\_\_\_\_ UKID# \_\_\_\_\_  
Affiliate if  
applicable:

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_  
Code:

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email-  
PLEASE  
PRINT: \_\_\_\_\_

Emergency Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
PLEASE  
PRINT

I have enclosed a check payable to University of Kentucky. Please enroll me in the  
Lifeguard Training Course selected below:

Please List One:

Class#\_\_\_ Full, \$250 (UK Affiliate) or \$270 (non UK Affiliate)

Class #\_\_\_ Review Course, \$110 (UK Affiliate) & \$130 (non UK Affiliate)