

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)