



# Command Training Reservation Requirements

## **Provide the following:**

### ***Copy of acceptable Lifeguard Certifications:***

- Red Cross Professional Lifeguard Certificate
- Ocean Academy Lifeguard Completion
- Letter from the Navy designating:
  - Dive Instructor/Supervisor
  - BUDs Instructor/Supervisor
  - EOD Instructor/Supervisor
  - Search and Rescue Swimmer
- SWCC

### ***The following certifications are supplemental, but not sufficient:***

- CPR/AED Certification
- WSI

## **ID, basic information, signature and initials for release of MWR liability**

- Please complete the Command Training Reservation Request Form (Attached).

*Submit completed forms to the Aquatics Manager.*

*For additional information call 619-437-5012.*



**Command Training Reservation Request**  
• NAB Pool, Bldg. 508  
• VADM Martin Pool, NASNI, Bldg. 1507

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Command/Squadron Name

Command Phone

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Rank

Last Name

First Name

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Cell Phone

Email

Initial:

I am responsible for educating my team about the pool rules, including the following:

No lanes may be reserved for training during MWR lap swim hours.

If my team requires the high dive for training purposes, we must take out the lane lines and remove the deep end flags.

I agree to replace the lane lines before MWR lap swim begins.

My team and I will clear the pool deck 30 minutes prior to the beginning of lap swim.

I am responsible for providing my own qualified lifeguard during training.

I understand breath-holding, shallow water diving and alcohol consumption can result in drowning, head and spinal injuries, blackouts, permanent injury, and death. I acknowledge no alcohol or tobacco products are permitted in the pool area at any time.

I understand treading water or training with heavy weights can seriously damage the pool and result in long-term pool closure. I further understand these activities can cause serious musculoskeletal injuries.

I understand there are inherent risks and dangers of training in an aquatic facility, including infection, drowning and swimming-related injuries including head injuries, spinal injuries, paralysis, and death.

I release MWR and its employees from all liability related to my and my team's use of the pool. I agree I am completely responsible for everything that happens related to our training and activities during our reserved time in the NAB aquatic facility.

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Signature

Date

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ID Check Verified By: