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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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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ID Check Verified By: