

**LONG BEACH JUNIOR LIFEGUARD PROGRAM
REGISTRATION FORM
RETURNING JUNIOR LIFEGUARDS 2016**

PLEASE PRINT ALL INFORMATION

Program Fee - \$190.00

Junior Lifeguard's Name _____ Date of Birth _____ Age _____
(Month- Day -Year) (As of 7-01-16)

Address _____ Telephone _____ Cell # _____

City _____ State _____ Zip _____ Email _____

Emergency Contact (Day time) _____ Telephone () _____
(Name)

School Attending Currently _____ Grade _____

What Group will you be in THIS Summer (Circle one)

Age as of July 1, 2016

C **B** **A** **AA**
10-11 Yr olds 12-13 Yr olds 14 Yr olds 15 Yr Olds

**Is your child interested in competing this summer at:
Jones Beach/ Regionals/Nationals? (circle appropriate comps)**

If your child is taking medication or using an inhaler, please make sure to notify the
Junior Lifeguard Program supervisors in writing.

Additionally, if your child has any medical condition that may preclude participation in certain physical activities, please
advise us as to the limitations. This is for your child's benefit. All information will be kept confidential

Please Mail Application w/Check made payable to "City Of Long Beach" to
Long Beach City Hall c/o Junior Lifeguards
1 W. Chester St, Long Beach N.Y, 11561

I hereby give my son/daughter/legal ward permission to participate in the Long Beach Junior Lifeguard Program for the Summer of 2016. I further understand that participants in the program are not employees of the City of Long Beach and will not be covered for any injury or claim of any type while participating in this program. Parent/Legal Guardian is deemed a waiver of any claim.

PARENT/LEGAL GUARDIAN

Print Name

Signature Date: _____