



**CITY OF ATLANTIC BEACH
JUNIOR LIFEGUARD PROGRAM
800 SEMINOLE ROAD
ATLANTIC BEACH, FL 32233**

Participant's Name: _____ M or F

Address: _____

City: _____ State: _____ Zip: _____

Participant's Age: _____ Date of birth: _____

Doctor's Name: _____ Phone # _____

Email: _____

Please state any medical issues or allergies:

(Please check which camp your child will be attending)

Checks payable to City of Atlantic Beach (\$125.00 per person and \$25.00 off for siblings)

June 3-7 (Age: 9-11) June 10-14 (Age: 12-15) June 17-21 (Age: 9-11) June 24-28 (Age: 12-15)

Rashguard size: Youth Medium Youth Large Youth X-Large Adult Small Adult Medium

EMERGENCY CONTACT

NAME: _____

Home: _____ Cell: _____ Work: _____

Email: _____

DISCLAIMER

I, the undersigned parent or guardian of PARTICIPANT, a minor, do hereby release the City of Atlantic Beach and each of its officers, agents, employees and sponsors from any liability or injury to PARTICIPANT that might result from any accident during the testing, participation, and instructions of the Junior Lifeguard Program. I understand that swimming and participation in the Junior Lifeguard Program is a potentially hazardous activity. I am aware of and assume all such risks of participation in the Junior Lifeguard Program by PARTICIPANT, including but not limited to contact with other participants, the effects of weather, including surf and currents, and the conditions of the ocean.

IN CONSIDERATION of accepting this application, I, for myself and anyone entitled to act on my behalf, waive and release the class instructors, the City of Atlantic Beach, their agents and representatives and the sponsors, from any and all claims for injuries and damages I may have arising out of PARTICIPANT'S participation in this Junior Lifeguard Program. I have read the particulars on the program brochure and understand that this program is physically demanding.

I GIVE MY PERMISSION for free use of photographs of my child to be used by the City of Atlantic Beach Ocean Rescue for the Junior Lifeguard Program promotional purposes.

PARENT/GUARDIAN: _____ DATE: _____

(Please print)

SIGNATURE: _____