

TOWN OF ATLANTIC BEACH 2010 JR. LIFEGUARD REGISTRATION

- SESSION 1, June 14 – June 18 (Ages 9-12)
 SESSION 2, July 12 – July 16 (Ages 13-17)

CHILD INFORMATION – ONE CHILD PER FORM

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____ Age: ____ Gender: Male Female

HISTORY OF MEDICAL PROBLEMS/MEDICATIONS: (if none, write "none" below)

Explain: _____

PARENT / GUARDIAN INFORMATION

Mother: _____ Father: _____

Home: () _____ Home: () _____

Work: () _____ Work: () _____

Cell: () _____ Cell: () _____

EMERGENCY CONTACT

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

The Junior Lifeguard Program will be limited to 20 participants. Participants will be selected on a first come basis. The junior lifeguard program is not a swim school. Therefore, prospective students are screened at a tryout test to see if they have the minimum skills to benefit from the junior lifeguard program. The instructors approve a child's skill level based upon successful completion of the test and on the child's swimming competence and confidence. The tryout test consists of:

- Swim 100 yards
- Swim 10 yards underwater
- Tread water for 3 minutes

**PARENTAL CONSENT
RELEASE AND WAIVER OF LIABILITY
AND ASSUMPTION OF RISK AGREEMENT**

FOR GOOD AND VALUABLE CONSIDERATION, including permission for _____ (the "minor") to participate in the **Atlantic Beach Jr. Lifeguard Program** and related activities, I, the parent/guardian of the minor for myself and on behalf of the minor:

1. Consent to the minor's participating in the event or activity; and agree that prior to the minor's participation in the event or activity the minor and I will inspect the facilities, equipment and areas to be used, and, if either of us believe any of them are unsafe, I will immediately advise the person supervising the event, activity, facility or area;
2. Release, waive, discharge and relinquish **Atlantic Beach Jr. Lifeguard Program Staff**, the Town of Atlantic Beach and their officers, employees, agents and volunteers from any liability, loss, damage, claim, demand or cause of action against them arising from or attributable to the minor's participation in the event or activity, whether same shall arise by their negligence or otherwise;
3. Assume any and all risks of personal injuries to the minor, including medical or hospital bills, permanent or partial disability, death, and damage to my property, caused by or arising from the minor's participation in this event or activity;
4. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death for or on behalf of the minor the Town of Atlantic Beach and their officers, employees, and agents attributable to the minor's participation in the event or activity;
5. Agree that photographs, pictures, slides, movies, or videos of the minor may be taken in connection with the minor's participation in the event or activity without compensation from the Town of Atlantic Beach and consent to the use of photographs, pictures, slides, movies, or videos for any legal purpose;
6. Warrant that the minor is in good health and has no physical condition that would prevent the minor from participation in the event or activity;
7. Acknowledge that serious accidents or death can occur during aquatic and marine activities; and that participants in aquatic and marine activities occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risk of aquatic and marine activities (swimming, lifesaving, paddleboarding, competition and the like), nevertheless, I hereby agree to assume on my behalf and on behalf of my child those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me or my child (or my heirs or assigns, or my child's heirs or assigns) for damages.

THIS DOCUMENT RELIEVES THE TOWN OF ATLANTIC BEACH AND OTHERS FROM LIABILITY FROM PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

I, the parent or legal guardian of the child listed above, do hereby authorize and consent officers of the Town of Atlantic beach to have legal authority to arrange transportation to a medical facility in an event of personal injury. Further, I understand my child will be participating in inherently dangerous activities (swimming, physical fitness, lifesaving, paddleboarding, competition, and the like) and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any medical care will not be withheld if I can not be reached.

PARENT

Print Name _____ Signature: _____