

Shore Beach Services, Inc. - Junior Lifeguard Program Registration Form
 Email completed form to mikewagner@shorebeach.com & Venmo payment to @ShoreBeach

Participant

<hr/> First Name	<hr/> Last Name	<hr/> Sex (F or M)	<hr/> Age Now	<hr/> DOB	6/15 or 7/20 <hr/> Preferred Session Dates
<hr/> Address					\$200
<hr/> City		<hr/> State	<hr/> Zip Code		<hr/> Registration Fee
T-Shirts		Youth S M L XL		Adult S M L XL	
<hr/> Circle Youth Or Adult Shirt Size				<hr/> Quantity Of Extra T-Shirts @ \$15 Each	<hr/> Cost Of Extra T-Shirts

Parent(s) or Legal Guardian(s)

<hr/> First Name	<hr/> Last Name	<hr/> Relationship	<hr/> Email	<hr/> Cell Phone
<hr/> First Name	<hr/> Last Name	<hr/> Relationship	<hr/> Email	<hr/> Cell Phone

Waiver and Release of Liability

In consideration of the acceptance of my minor child as a participant in the Junior Lifeguard Program, including all related events and activities, the undersigned,

1. Acknowledges and fully understands that you are agreeing to let your minor child engage in a potentially dangerous activity that involves risk of serious injury, including permanent disability and death, and economic losses which might result from not only their own action, inaction or negligence, but also the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or reasonably foreseeable at this time.
2. Agrees that even if Shore Beach Services, Inc., and/or any of its agents, volunteers, employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the program, all of which are hereinafter referred to as "releasees", use reasonable care in providing this activity, there is a chance your minor child may be seriously or fatally injured by participating in this activity because there are certain dangers inherent in the activity which cannot be avoided or eliminated.
3. Acknowledges, that the minor child's participation is voluntary.
4. Assumes any and all risks of personal injuries to the minor child. In the event of an accident or emergency, authorizes and requests any medical and surgical services that may be deemed necessary for the minor child. Agrees to pay any and all bills relating to medical and hospital treatment, permanent or partial disability, or death and damages to the minor or any property, caused by or arising from participation in the event or activity. This consent shall remain in effect until the end of the Junior Lifeguard Program session.
5. Releases, waives, discharges, and covenants not to sue the releasees, from any and all liability, loss, damage, claim, demand or cause of action against those attributable to the minor child's participation in the event or activity, whether same shall arise by their negligence or otherwise. Agrees that you are giving up your minor child's right to recover from the releasees in a lawsuit for any personal injury, including death, to your minor child or any property damage that results from the risks that are a natural part of the activity.
6. Grants the releasees the right to film, photograph or videotape of me or the minor child that may be taken in connection with the Junior Lifeguard Program, which extends to all phases of publicity, promotion and advertising.
7. You have the right to refuse to sign this form and Shore Beach Services, Inc. has the right to refuse to let your minor child participate if you do not sign this form.

Medical Information

I am aware of the participant's general condition and affirm that he/she is fit to participate in any activities required for participation in this program. I will fully disclose any relevant medical information on this form.

The Junior Lifeguard Program may involve strenuous physical activity. If you have questions regarding the minor child's health and participation in this program, please consult with your personal physician. We ask for the following information to be aware of potential problems and to help the minor child to safely enjoy their time with us.

Circle One

Has a physician of health care provider restricted the participant's physical activity? Yes No If yes, explain _____

Does the participant have asthma, diabetes, high blood pressure, or heart disease? Yes No If yes, explain _____

Does the participant have seizures? Yes No If yes, when was the last one? ___/___/___
 How often do they occur? _____

Is the participant currently taking any medications? Yes No If yes, explain _____

Is the participant allergic to medications, insect bites/stings, and/or foods? Yes No If yes, explain _____

Anyone With Severe Allergies Must Inform Shore Staff, Bring Their Own Medication, And Be Able To Self-Administer It

I, the parent or legal guardian consent to the minor child's participation in the Junior Lifeguard Program. I have read the above and understand that I have given up substantial rights by signing this document and have signed voluntarily. My signature on this document is also intended to bind my heirs, representatives, executors, or administrators.

<hr/> Parent or Legal Guardian - (Print Name)	<hr/> Relationship	<hr/> Parent or Legal Guardian Signature	<hr/> Date
<hr/> Parent or Legal Guardian - (Print Name)	<hr/> Relationship	<hr/> Parent or Legal Guardian Signature	<hr/> Date