SEA BRIGHT JUNIOR LIFEGUARD PROGRAM

REGISTRATION FORM AND RELEASE
OF LIABILITY WAIVER

NO REFUNDS ONCE REGISTERED

CHILD'S NAME:	In consideration of par
ADDRESS:	Lifeguard Program, th
HOME PHONE:	1. Acknowledg participant
CELL PHONE:	risk and inju 2. Assumes an
EMAIL:	minor and a staff to cont
AGE:	may be deer authorizatio
	emergency i such medica
PREVIOUS JR. LIFEGUARD AND/OR	all medical l participation
SWIM EXPERIENCE:	3. Release, wai Borough of
PLEASE CIRCLE SESSIONS:	their respec and any oth
SESSION 1—	organization agencies, sp
JULY 8 – JULY 19 th (MONDAY-FRIDAY)	owners and event, all of
SESSION 2—	"releases" fi claim, dema attributable
JULY 22nd – AUGUST 2nd (MONDAY-FRIDAY)	or activity, v negligence o
SESSION 3 - NIPPER PROGRAM – (MUST QUALIFY)	those individual that the third that
AUGUST 5 TH - 16 TH (MONDAY-FRIDAY) 9:00 am – 3:00 pm	physical con from partici
Aug 16 th NIPPER JUNIOR LIFESAVING TEST	I/We have read the abo
*** COST IS \$175.00 FOR A SESSION	we have given up subst voluntarily.
OR	I the parent/legal guar
\$325.00 FOR BOTH SESSION 1 AND SESSION 2	in the Sea Bright Jr. L
*SESSIONS 1 AND 2 RUN FROM 9:00 AM – 12:00 PM	Parent's or Guardian'
	Date
*** PLEASE MAKE CHECKS OUT TO:	Please list any medical
"THE BORO OF SEA BRIGHT" AND MAIL TO	
1167 OCEAN AVE., SEA BRIGHT, NJ 07760	Confirmation Paymen

In consideration of participation in the Sea Bright Junior Lifeguard Program, the undersigned:

- Acknowledges and fully understands that each participant will be engaging in activities that involve risk and injury to themselves.
- 2. Assumes any and all risks of personal injury to the minor and authorize the Sea Bright Junior Lifeguard staff to contact or render any medical treatment that may be deemed necessary for the minor. I (we) give authorization to a physician to treat or render emergency medical treatment when necessary. If such medical treatment is necessary, I agree to pay all medical bills relating to the injury arising from participation in any event or activity.
- 3. Release, waive, discharge, and convent not to sue the Borough of Sea Bright, the Sea Bright Lifeguards, their respective administrators, directors, coaches, and any other employees or volunteers of these organizations, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all liability, loss, damage, claim, demand, or cause of action against those attributable to the minor's participation in the event or activity, whether same shall arise by their negligence or willful or wanton misconduct of one of those individuals or organizations.
- Warrant that minor is in good health and has no physical condition that would prevent the minor from participation in the event or activity.

I/We have read the above waiver and release, understand that we have given up substantial rights by signing it and sign voluntarily.

I the parent/legal guardian, consent to the minor's participation in the Sea Bright Jr. Lifeguard Program.

Parent's or Guardian's Signature
Date
Please list any medical conditions, allergies etc
Confirmation Payment Code: