

**City of Pismo Beach**  
**2010 Junior Lifeguard Registration Form**

**PLEASE PRINT**

Name: \_\_\_\_\_ Sex: Male Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work Phone # \_\_\_\_\_

Pager #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Applicants Birth Date: \_\_\_\_\_ Age \_\_\_\_\_ Group \_\_\_\_\_ Swim Time: \_\_\_\_\_

**REGISTRATION TOTAL**

**Price**

Tuition for participant

**\$328.00**

(Please make check out to "City of Pismo Beach")  
 (Credit Cards Accepted)

**UNIFORM PACKAGE:**

Shirt: Adult S Adult M Adult L Adult XL  
 Sweatshirt: Adult S Adult M Adult L Adult XL

Board Shorts (Boys) 24 26 28 30 31 32 33 34 35 36  
 Board Shorts (Girls) 0 1 3 5 7 9 11 13 (circle one)

Additional orders: Shirt-\$10, Sweatshirt -\$25, Shorts -\$25.

Total: \$ \_\_\_\_\_

## Junior Lifeguard Program Waiver and Release of Liability 17 Years and Under

Child's Name (Last, First, Middle):	Address:	Phone:
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### FOR THE PARENT/GUARDIAN:

I, the undersigned, understand that the Pismo Beach Junior Lifeguard Program, sponsored by the City of Pismo Beach, requires that said participants shall take a physical test of swimming skills and also engage in various physical activities on the beaches and in the waters of the Pacific Ocean and Pismo Beach. The City of Pismo Beach does not maintain health insurance for injuries to the Junior Lifeguard Program participants that may arise out of involvement in the Junior Lifeguard Program. I will inform my child that he/she must follow all Junior Lifeguard safety rules as well as any other rules or directions given during participation in the program. My child and I (we) realize that participation in all Junior Lifeguard Program activities and events are voluntary. Nevertheless, **I, ON BEHALF OF THE ABOVE MENTIONED MINOR (hereinafter "Minor") AND FOR MYSELF, HEREBY ASSUME THESE RISKS OF PARTICIPATING IN THE JUNIOR LIFEGUARD PROGRAM.**

In return for allowing Minor to participate, I, on behalf of Minor and for myself hereby waive, release and discharge any and all claims for damages for death, personal injury, disability, or property damage of any kind which may hereafter accrue to Minor or myself as a result of his/her participation in this activity. This release is expressly intended to discharge in advance the City of Pismo Beach and its employees, agents and volunteers from and against any and all liability arising out of or connected in any way with Minor's participation in this activity. **THIS RELEASE WILL APPLY EVEN THOUGH LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THOSE DISCHARGED INCLUDING THEIR EMPLOYEES, AGENTS, AND VOLUNTEERS.**

I further agree to indemnify and hold harmless the entities and persons herein released from any and all claims made by other individuals or entities as a result of any said Minor's actions during his/her participation in this event.

This Waiver and Liability Release shall apply to Minor and myself, as well as any of our heirs, executors, or administrators.

By my signature below, I hereby certify that I am the parent or legal guardian of Minor and that I am acting in that capacity. Further, I acknowledge that I have read this document and understand its contents. I am aware that it is a full release of liability on behalf of the City of Pismo Beach, as described above, and sign it of my own free will.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Parent/Guardian Print Name**

\_\_\_\_\_  
**Date**

# Junior Lifeguard Program Participation Information & Consent for Medical Treatment - 17 Years and Under

CHILD'S NAME (LAST, FIRST, MIDDLE)	ADDRESS	PHONE
DATE OF BIRTH	ALLERGIES	
PHYSICAL LIMITATIONS		
<b>EMERGENCY CONTACTS</b>		
NAME (LAST, FIRST, MIDDLE)	PHONE NUMBERS (HOME, WORK, PAGER, CELL)	RELATIONSHIP
ALTERNATE PERSON (LAST, FIRST, MIDDLE)	PHONE NUMBERS (HOME, WORK, PAGER, CELL)	RELATIONSHIP

**CONSENT FOR MEDICAL TREATMENT OF A MINOR**

I hereby authorize any duly authorized doctor, emergency medical technician, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while he/she was a participant at the Pismo Beach Junior Lifeguard Program.

I authorize any licensed physician to perform any procedure, which he/she deems advisable in attempting to treat or relieve any injuries, or any related unhealthy conditions said minor might encounter during any necessary operation.

I consent to the administration of anesthesia as deemed advisable by any licensed physician.

I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Date