



ST. JOHNS COUNTY FIRE RESCUE 2024 JUNIOR LIFEGUARD PROGRAM



PARTICIPANTS NAME: _____ AGE: _____ DOB: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE: _____ 2ND PHONE: _____

EMAIL: _____

SELECT SESSION DATE:

1ST CHOICE:

SESSION I: JUNE 3RD – JUNE 7TH, 2024 (9-16YRS OLD)

SESSION II: JUNE 10TH – JUNE 14TH, 2024 (9-16 YRS OLD)

SESSION III: JUNE 17TH – JUNE 21ST, 2024 (9-16 YRS OLD)

SESSION IV: JUNE 24TH – JUNE 28TH, 2024 (8-11 YRS OLD ONLY)

SESSION V: JULY 8TH – JULY 12TH, 2024 (13-16 YRS OR ADVANCED TRYOUT ONLY)

2ND CHOICE:

SESSION I: JUNE 3RD – JUNE 7TH, 2024 (9-16YRS OLD)

SESSION II: JUNE 10TH – JUNE 14TH, 2024 (9-16 YRS OLD)

SESSION III: JUNE 17TH – JUNE 21ST, 2024 (9-16 YRS OLD)

SESSION IV: JUNE 24TH – JUNE 28TH, 2024 (8-11 YRS OLD ONLY)

SESSION V: JULY 8TH – JULY 12TH, 2024 (13-16 YRS OR ADVANCED TRYOUT ONLY)

UNIFORM SIZES

SHIRT SIZE (SUN PROTECTIVE WET/DRY SHIRT): _____

MALE SWIM SUIT (MEASURE HIPS IN INCHES): _____

FEMALE SWIM SUIT (ONE PIECE): _____

I assume all risk and hazard incidental to such participation and I do Herby waive, release, absolve, indemnify and agree to hold harmless St. Johns County, the City of St. Augustine, sponsors, supervisors and participants for and from any claims arising out of injury to myself whether the result of negligence or from any other cause, except to the extent and in the amount covered by liability insurance, if any. I further understand that St Johns County will assess me a service fee in the amount of \$20.00

Any photographs taken during the above session maybe used for illustrative purposes by St. Johns County: Yes__ No__

MEDICAL INSURANCE PROVIDER: _____ POLICY #: _____

FAMILY PHYSICIAN: _____ PHONE #: _____

In an emergency, if family physician cannot be reached, I hereby authorize the child named above to be treated by another physician.

KNOWN HEALTH PROBLEMS AND PAST INJURIES OF THE ABOVE NAMED CHILD:

PARENT NAME: _____ PHONE: _____

PARENT SIGNATURE: _____ DATE: _____