ST. JOHNS COUNTY FIRE RESCUE

2026 JUNIOR LIFEGUARD PROGRAM

PARTICIPANTS NAME: _____ **AGE:** _____ **DOB:** _____
ADDRESS: _____ **CITY:** _____ **STATE:** _____
ZIP: _____ **PHONE:** _____ **2ND PHONE:** _____
EMAIL: _____

SESSION DATES:
1ST CHOICE:
Session I: June 1st – June 5th, 2026 (9-16 Yrs old) ☐
Session II: June 8th – June 12th, 2026 (9-16 Yrs old) ☐
Session III: June 15th – June 19th, 2026 (9-16 Yrs old) ☐
Session IV: June 22nd – June 26th, 2026 (8-11 Yrs old only) ☐
Session V: June 29th – July 3rd, 2026 (13-16 Yrs old only) ☐
Session VI: July 6th – July 10th, 2026 (9-16 Yrs old) ☐

2ND CHOICE:
Session I: June 1st – June 5th, 2026 (9-16 Yrs old) ☐
Session II: June 8th – June 12th, 2026 (9-16 Yrs old) ☐
Session III: June 15th – June 19th, 2026 (9-16 Yrs old) ☐
Session IV: June 22nd – June 26th, 2026 (8-11 Yrs old only) ☐
Session V: June 29th – July 3rd, 2026 (13-16 Yrs old only) ☐
Session VI: July 6th – July 10th, 2026 (9-16 Yrs old) ☐

UNIFORM SIZES
Shirt Size (Sun Protective Wet/Dry Shirt Short Sleeve): Select T-Shirt Size
Male Swim Suit (Measure at hips in inches): Select Short Size (Males Only)
Female Swim Suit (One Piece): Select One Piece Size (Females Only)

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 Conty: 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:

_____

_____

Parents Name: _____ **Phone #:** _____
Parent Signature: _____ **Date:** _____