

# SPRING LAKE MINI GUARD REGISTRATION FORM 2010

**MEETING DATES: JULY 6,13,20,21.**

**COST \$50**

**Please be sure to complete all sections of the form. FOR AGES 7-8**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Age \_\_\_\_\_

Sex (M or F) \_\_\_\_\_

T-SHIRT Size (children's S, M, L, XL) \_\_\_\_\_

## EMERGENCY INFORMATION

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of an emergency, and parents cannot be reached, please contact:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

*In consideration of the above named child being permitted to participate in the Spring Lake Mini Lifeguard Program, I hereby waive and release any and all rights and claims for damages that I may have against the Program Coordinator or her assistants, the Spring Lake Beach Patrol, the Borough of Spring Lake, their representatives and agents, or anyone connected with this program in any manner, for any and all injuries suffered by my child while participating in the program. I, as the parent or guardian of the above named child, agree to these terms. I grant my permission for my child to participate, and I certify the information above is correct to the best of my knowledge.*

**Parent Signature** \_\_\_\_\_

If there are any medications, allergies or medical conditions, please list below.