

****STAFF USE ONLY****

Amount Paid _____

Check # _____

2009 SPRING LAKE JR. LIFEGUARD TOURNAMENT REGISTRATION

CHILD'S NAME: _____ **ADULT T-SHIRT SIZES:** S M L XL

GROUP: C (9-11) B (12-13) A (14-15) AA (16) **TOWN/TEAM:** _____

THURSDAY, JULY 16th (late registration at 8:15; start time at 9:15AM)

AT THE SOUTH END PAVILLION BEACH IN SPRING LAKE

This form MUST be completed by the parent & returned by Friday, July 10th.

TOURNAMENT FEE: \$20 before July 10th, which includes a shirt & lunch. The late registration fee is \$25.

ALL CHECKS MUST BE PAYABLE TO: _____ **(Home Town Beach)**

Parent/Guardian _____ Home # _____ Work # _____ Cell _____
Address _____ Town _____ State _____ Zip _____

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

Signature of Parent/Guardian _____ **Date** _____

* \$2 will go towards the Monmouth County team for the Nationals Junior Lifeguard Tournament