



**ST. JOHNS COUNTY FIRE RESCUE
2022 JUNIOR LIFEGUARD PROGRAM**



Name of Participant: _____ **Age:** _____ **DOB: (MM/DD/YYYY):** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: _____

Shirt Size: _____
Male Swimsuit Size: _____
Female One Piece Swimsuit Size: _____

SELECT SESSION DATES:

Please select one choice under the 1st choice column and one choice under the 2nd choice column

| | |
|--|---|
| 1st CHOICE: | 2ND CHOICE: |
| Session I: June 6th - June 10th, 2022 (9-11yrs old only) | Session I: June 6th - June 10th, 2022 (9-11 yrs old only) |
| Session II: June 13th - June 17th, 2022 | Session II: June 13th - June 17th, 2022 |
| Session III: June 20th - June 24th, 2022 | Session III: June 20th - June 24th, 2022 |
| Session IV: June 27th - July 1st, 2022 | Session IV: June 27th - July 1st, 2022 |

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 results 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(s) maybe used for illustrative purposes by St. Johns County: YES NO

Name of Medical Insurance: _____ **Policy Number:** _____
Name of Family Physician: _____ **Phone Number:** _____
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 child named above are: _____

Enrollment Fee: \$150 for all participants. **Please note, participants will not be officially registered until the tryout is complete and fee has been paid. All fees will be paid online link will be provided at the time your child is registered into a session.

Parent Email Address: _____
Parent Name: _____ **Emergency Phone #:** _____
Parent Signature: _____ **Date:** _____

INTERNAL USE ONLY - TO BE COMPLETED BY COUNTY EMPLOYEE

Swim 100 yds: _____ **Tread Water 5 minutes:** _____ **Swim 10 yds underwater:** _____
Payment Recieved: _____
Employee's Signature: _____