

# ST. JOHNS COUNTY FIRE RESCUE

## MARINE RESCUE

### 2021 JUNIOR LIFEGUARD PROGRAM REGISTRATION




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Participant Name Age DOB (MM/DD/YYYY)

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Street Address City State/Zip

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Parent /Guardian Name Parent /Guardian Email Parent/Guardian Phone

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***Please select uniform size:***

<b>T-Shirt:</b>	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large
<b>Boardshorts (boys):</b>	20	22	24	26	28
<b>One-Piece swimsuit (girls):</b>	24	26	28	30	32
				34	36
					38

**SELECT SESSION DATE:**

Registration will be done on a first come first serve basis based on the date and time that the registration form was received.  
**Registration will open on Monday April 5th, 2021 @9am.** Any registrations received prior to that time will not be accepted.  
 Please select one session for 1st choice and one session for 2nd choice

**1st Choice:**

- Session I: Monday June 7th - Friday June 11th (8-11 year olds only)
- Session II: Monday June 14th - Friday June 18th
- Session III: Monday June 21st - Friday June 25th
- Session IV: Monday June 28th - Friday July 2nd

**2nd Choice:**

- Session I: Monday June 7th - Friday June 11th (8-11 year olds only)
- Session II: Monday June 14th - Friday June 18th
- Session III: Monday June 21st - Friday June 25th
- Session IV: Monday June 28th - Friday July 2nd

I assume all risk and hazard incidental to such participation and do hereby 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 for 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 of \$20.00

Yes    No    **Any photographs taken during the above session(s) maybe used for illustrative purposes by St. Johns County.**

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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.

Health conditions /medications /allergies /past injuries: \_\_\_\_\_

**PARENT AUTHORIZATION**

**In case of an emergency, if below parent/guardian cannot be reached please list an emergency name and phone number:**

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**Enrollment Fee: \$150 per child per session. Payment is due by May 10th, 2021. Checks only, please refer to email or website for payment delivery options.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_