

Sea Bright Junior Guard Registration Form

Childs Name: _____

Mailing Address: _____

Summer Address: _____

Email Address: _____

Date of Birth: _____ Age: _____

Home phone # _____ Parent Cell # _____

Circle Program Session: Session I August 10th-14th & August 17th – 21st Mon. – Fri.

Previous Jr. Guard experience? _____

Swim Team Experience? _____

Please list any medical conditions, allergies etc.. _____

Emergency Contact Person: Not Parents _____

Relationship to Child: _____

Cell# _____ Home# _____

(Please circle one size)

Rash Guard size: S M L XL

Parent/Guardian

Signature: _____ **Date:** _____

For office use below:

Amount:\$	Release Form:	Check #
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