

# SEA BRIGHT JUNIOR LIFEGUARD PROGRAM

Monmouth University

## REGISTRATION FORM AND WAIVER AND RELEASE OF LIABILITY

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

AGE: \_\_\_\_\_

PREVIOUS JR. LIFEGUARD AND/OR

SWIM EXPERIENCE: \_\_\_\_\_

PLEASE CIRCLE SESSIONS:

SESSION 1—

JULY 11<sup>TH</sup> – JULY 22<sup>ND</sup> (MONDAY-FRIDAY)

SESSION 2—

JULY 25<sup>TH</sup> – AUGUST 5<sup>TH</sup> (MONDAY-FRIDAY)

SESSION 3 - NIPPER PROGRAM –

AUGUST 8<sup>TH</sup> -12<sup>TH</sup> (MONDAY-FRIDAY)

\*\*\*PLEASE SEE JUNIOR LIFEGUARD INFORMATION  
PACKET FOR DESCRIPTION OF REQUIREMENTS FOR  
THIS SESSION (SESSION 3).

\*\*\* COST IS \$150.00 FOR 1 SESSION

OR

\$250.00 FOR BOTH SESSION 1 AND SESSION 2

\*SESSIONS 1 AND 2 RUN FROM 9:00 AM – 12:00

\*\*\* PLEASE MAKE CHECKS OUT TO:

“BOROUGH OF SEA BRIGHT” AND MAIL TO

1167 OCEAN AVE., SEA BRIGHT, NJ 07760

In consideration of participation in the Sea Bright Junior  
Lifeguard Program, the undersigned:

1. Acknowledges and fully understands that each participant will be engaging in activities that involve risk and injury to themselves.
2. Assumes any and all risks of personal injury to the minor and authorize the Sea Bright Junior Lifeguard staff to contact or render any medical treatment that may be deemed necessary for the minor. I (we) give authorization to a physician to treat or render emergency medical treatment when necessary. If such medical treatment is necessary, I agree to pay all medical bills relating to the injury arising from participation in any event or activity.
3. Release, waive, discharge, and consent not to sue the Borough of Sea Bright, the Sea Bright Lifeguards, their respective administrators, directors, coaches, and any other employees or volunteers of these organizations, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as “releases” from any and all liability, loss, damage, claim, demand, or cause of action against those attributable to the minor’s participation in the event or activity, whether same shall arise by their negligence or willful or wanton misconduct of one of those individuals or organizations.
4. Warrant that minor is in good health and has no physical condition that would prevent the minor from participation in the event or activity.

I/We have read the above waiver and release, understand that we have given up substantial rights by signing it and sign voluntarily.

I the parent/legal guardian, consent to the minor’s participation in the Sea Bright Jr. Lifeguard Program.

\_\_\_\_\_  
Parent’s or Guardian’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please list any medical conditions, allergies etc.....

