

**BRADLEY BEACH**

**JUNIOR GUARD**

**REGISTRATION**

NAME: \_\_\_\_\_

HOME ADDRESS: STREET \_\_\_\_\_

TOWN \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

SEASONAL ADDRESS: STREET \_\_\_\_\_

TOWN \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

SEASONAL PHONE: \_\_\_\_\_

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

E-MAIL: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**SHORT SLEEVE SHIRT SIZE:**

CHILD- LARGE ADULT- SMALL -MEDIUM -LARGE- XTRA LARGE (PLEASE CIRCLE ONE)

**HOODED SWEAT SHIRT:**

CHILD-LARGE ADULT-SMALL-MEDIUM-LARGE-XTRA LARGE (PLEASE CIRCLE ONE)

PLEASE SIZE CAREFULLY AND PLEASE RETURN REGISTRATION FORM BEFORE **MAY 15, 2015**

PARENT / GUARDIAN'S SIGNATURE \_\_\_\_\_

**MAKE CHECK PAYABLE TO: BRADLEY BEACH JUNIOR GUARDS FOR \$140. RETURN TO THE ADDRESS BELOW.**

**BOB ROSENBERG**

**407 MADISON AVENUE**

**BRADLEY BEACH, NJ, 07720**

**Bradley Beach Junior Lifeguard  
Release and Hold Harmless Agreement**

For and in consideration of \_\_\_\_\_ in the Junior Lifeguard Program of the Borough of Bradley Beach, and with the complete understanding that said participant shall take a physical test of swimming skills and also engage in various physical activities on the beaches and in the waters of the Atlantic Ocean, I (we), the undersigned parent(s)/guardian of \_\_\_\_\_, a minor, do forever release, acquit, discharge, and hold harmless the City of Bradley Beach, a municipal corporation of the State of New Jersey and its successors, officers, employees, servants, and agents from any and all action, claims, demands, costs, loss of services, expenses and compensation, on account of or in any way growing out of, any and all known personal injuries and property damage, which we may now or hereafter have as parent(s)/guardian of said minor and also all claims or rights of action for damages which said minor has or may hereafter have, either before or after he/she has reached his/her majority, resulting or to result from or in connection with participation in and/or arising out of travel to or returning from said Junior Lifeguard Program.

We, the undersigned, hereby acknowledge to be lawful parent(s) and/or guardian of the above named minor and we therefore, acknowledge our qualifications to sign this agreement on behalf of said minor.

Parent and/or Legal Guardian _____	Date _____	Parent and/or Legal Guardian _____	Date _____
*****	*****	*****	*****

**Authorization for Medical Treatment of a Minor**

In accordance with the New Jersey Statute, I (we) \_\_\_\_\_, give authorization to a physician or surgeon, licensed under the provisions of the Medical Practice Act, for \_\_\_\_\_ to receive care and/or emergency medical treatment when necessary.

Any expenditure incurred for the care and transportation of the above named minor is my responsibility.

Period covered (dates) _____	Parent and/or Legal Guardian _____	Telephone Number _____	Date Signed _____
In the event of an emergency contact me at _____		Location _____	and at _____
		Telephone Number _____	Telephone Number _____

# United States Lifesaving Association

## Junior Lifeguard Membership Information and Application

### USLA OVERVIEW:

The USLA is the only professional organization of open water lifeguards and open water rescue personnel in the United States. The purpose of the Association is to promote and develop the finest methods of lifesaving and to familiarize the general public with the functions and services of lifeguard organizations.

### BENEFITS TO JUNIOR MEMBERS OF THE USLA INCLUDE:

- A one year subscription to American Lifeguard Magazine...a \$12 value
- A Junior Guard USLA membership card, bumper sticker, and various discounts
- Affiliation with other Junior Lifeguard programs and competitions
- Eligibility to compete in Regional and National Junior Lifeguard Competitions
- Membership in the only professional open water lifeguard association
- Access to free public educational materials, i.e. posters, bookmarks, etc.

We will fill out Group

JG Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Renewal     New Membership    Email: \_\_\_\_\_

Junior Lifeguard Agency: Bradley Beach    Group: AA   A   B   C

### JUNIOR GUARD PROGRAM COORDINATORS:

Please sign and date to confirm this child is a registered participant of your program.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

USLA Chapter: \_\_\_\_\_ USLA Region: \_\_\_\_\_



Coordinator will fill out lower part.