

BRADLEY BEACH JUNIOR GUARD

REGISTRATION 2018

NAME: _____

HOME ADDRESS: STREET _____

TOWN _____

STATE: _____ ZIP _____

SEASONAL ADDRESS: STREET _____

TOWN _____

STATE _____ ZIP _____

HOME PHONE: _____

SEASONAL PHONE: _____ **PLEASE PRINT ALL INFORMATION NEATLY**

CELL PHONE: _____

E-MAIL: _____ **ESPECIALLY YOUR EMAIL**

AGE: _____ SEX: _____ DATE OF BIRTH: _____

SHORT SLEEVE SHIRT SIZE:

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

PLEASE SIZE CAREFULLY AND PLEASE RETURN REGISTRATION FORM BEFORE **JUNE 15TH**

PARENT / GUARDIAN'S SIGNATURE _____

MAKE CHECK PAYABLE TO: BRADLEY BEACH JUNIOR GUARDS FOR \$75.00. RETURN TO THE ADDRESS BELOW.

BOB ROSENBERG

407 MADISON AVENUE

BRADLEY BEACH, NJ, 07720

908-770-7127

Bradley Beach Junior Lifeguard Release and Hold Harmless Agreement

For and in consideration of the participation 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 _____