

CHILD'S NAME: _____
(LAST) (FIRST)

PAID: CASH _____
CHECK # _____
CREDIT/DEBIT _____
AMOUNT \$ _____



VOLUSIA COUNTY JUNIOR LIFEGUARD PROGRAM REGISTRATION FORM



DOB _____ Age _____

Address _____ City _____

ST _____ Zip _____

Phone (H) _____ (C) _____ Email _____

PARENTAL CONSENT AND HOLD HARMLESS AGREEMENT

We hereby give permission for our son/daughter to actively participate in the Volusia County Junior Lifeguard Program and/or any competitions that may be held as a part of the program.

We, the parents, assume full responsibility in the case of accident or injury and understand this agreement remains in effect for the duration of this program unless revoked, in writing, by us.

In consideration of the County of Volusia providing this program for my child or children, I agree to hold the County of Volusia, its agents/employees, harmless from any injuries or damages that may occur.

JUNIOR LIFEGUARD PHOTO RELEASE

The County of Volusia strives to present youths and adults in a complimentary and appropriate manner. Photographs are typically used in displays, advertising, printed materials, such as informational and promotional brochures, and on the County's websites. Photographs may also be distributed to the news media for publications.

By signing this form, I give the County of Volusia permission to publish or use photographic portraits or pictures of me, along with my name, for art, advertising, trade, public information or any other lawful purpose.

I waive inspecting and/or approving the finished product or the copy that is used in connection with the publication.

I release the County of Volusia from any liability from the use of my photograph or reproduction thereof.

Parent/Guardian

Date

FOR OFFICE USE ONLY

Camp Sessions:

SESSION 1 ☐
6/9-6/13
Andy Romano Park
Ormond Beach

SESSION 2 ☐
6/16-6/20
Frank Rendon Park
Daytona Beach Shores

SESSION 3 ☐
6/23-6/27
New Smyrna Beach

☐ **SESSION 4**
7/7-7/11
Andy Romano Park
Ormond Beach

☐ **SESSION 5**
7/14-7/18
BEACH SCOUTS ONLY
Lighthouse Point Park
Ponce Inlet

Bathing suit size:

Female:

28 30 32 34 36 38 40

Male:

Youth S M L
Adult S M L XL

T-Shirt

Youth L
Adult S M L XL

Rash Guard

10 12 14 16 S M L XL

Volusia County Beach Patrol - Emergency Information

LEGAL GUARDIAN'S NAME: _____

WORK # _____ CELL # _____

LEGAL GUARDIAN'S NAME: _____

WORK# _____ CELL # _____

IF ABOVE CANNOT BE REACHED, PLEASE PROVIDE ANOTHER EMERGENCY CONTACT PHONE

NAME / RELATIONSHIP: _____

HEALTH INFORMATION:

PARENT CONCERNS: _____

DOES YOUR CHILD HAVE A LIFE THREATENING CONDITION WE SHOULD KNOW ABOUT? NO

____ YES ____ IF YES, EXPLAIN _____

HEALTH CONDITIONS: _____

LAST TIME EVALUATED BY PHYSICIAN FOR HEALTH

CONDITION: _____

TREATMENT FOR HEALTH CONDITION: _____

MEDICATIONS: _____

MEDICATION ALLERGIES: _____

FOOD ALLERGIES: _____

PARENTAL CONSENT FORM:

In case of accident or serious illness, I ask the Beach Patrol to contact me. If the Beach Patrol cannot reach me, the Beach Patrol is to contact the person listed above as "Emergency Contact". If the Beach Patrol cannot reach any of those listed above, the Beach Patrol may do whatever is needed to provide care and treatment for my child. The Beach Patrol personnel have permission to transport my child to the nearest emergency room or call an emergency paramedic ambulance service.

PARENT / GUARDIAN SIGNATURE: _____

DATE: _____