



☐ RETURNING BEACH SCOUT

THIS FORM IS FOR BEACH **SCOUTS** ONLY.

☐ NEW BEACH SCOUT

**ESSAY REQUIREMENT-100 WORDS TYPED**

☐ ESSAY TURNED IN

**"WHAT IS THE MOST IMPORTANT ROLE OF A**

☐ ESSAY ATTACHED

**BEACH SCOUT & WHY?"**

CHILDS NAME \_\_\_\_\_

CHILD'S BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PHONE #'S \_\_\_\_\_ & \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

**NEW BEACH SCOUT PREREQUISITE:** PLEASE LIST THE 3 PRIOR CAMPS YOUR CHILD HAS ATTENDED BY **MONTH & YEAR:**

CAMP #1 \_\_\_\_\_, CAMP #2 \_\_\_\_\_, CAMP #3 \_\_\_\_\_.

THERE IS NOT AN AGE REQUIREMENT.

**ALL BEACH SCOUTS MUST ATTEND 1 TRY-OUT:**

TRY-OUT DATE: \_\_\_\_\_

TRY-OUT TIME \_\_\_\_\_

TRY-OUT LOCATION: \_\_\_\_\_

**SELECT THE CAMP(S) YOU WOULD LIKE YOUR CHILD TO ATTEND:**

BEACH SCOUTS PAY THE COST OF 1 CAMP=**\$150**. YOU CAN ATTEND AS MANY AS YOU CAN.

ONLY 1 UNIFORM WILL BE ISSUED.

- |   |                          |                  |                                     |
|---|--------------------------|------------------|-------------------------------------|
| <input type="checkbox"/> <b>WEEK #1</b> | <b>ORMOND BEACH</b>      | <b>6/8-6/12</b>  | <b>8AM-2PM</b>                      |
| <input type="checkbox"/> <b>WEEK #2</b> | <b>FRANK RENDON PARK</b> | <b>6/15-6/19</b> | <b>8AM-2PM</b>                      |
| <input type="checkbox"/> <b>WEEK #3</b> | <b>NEW SMYRNA BEACH</b>  | <b>6/22-6/26</b> | <b>8AM-2PM</b>                      |
| <input type="checkbox"/> <b>3 DAY</b>   | <b>FRANK RENDON PARK</b> | <b>6/30-7/2</b>  | <b>8AM-2PM (COMMUNITY OUTREACH)</b> |
| <input type="checkbox"/> <b>WEEK #4</b> | <b>ORMOND BEACH</b>      | <b>7/6-7/10</b>  | <b>8AM-2PM</b>                      |
| <input type="checkbox"/> <b>WEEK #5</b> | <b>FRANK RENDON PARK</b> | <b>7/13-7/17</b> | <b>8AM-2PM</b>                      |

**ALL OF THESE CAMPS ARE ELIGIBLE FOR COMMUNITY SERVICE HOURS.**

THIS IS AN ADVANCED CAMP. THE COST IS **\$200**. THE COST OF THIS CAMP INCLUDES A PARKING PASS TO THE PARK, ADMISSION TO LIGHTHOUSE AND MARINE SCIENCE CENTER. IT ALSO INCLUDES A RED RASH GUARD.

- |   |                         |                  |                |
|---|-------------------------|------------------|----------------|
| <input type="checkbox"/> <b>WEEK #6</b> | <b>PONCE INLET PARK</b> | <b>7/20-7/24</b> | <b>8AM-2PM</b> |
|---|-------------------------|------------------|----------------|

**NEW THIS SUMMER!** THIS IS A HIGH PERFORMANCE COMPETITION CAMP. THE COST IS **\$200**.

THIS YEAR DAYTONA BEACH WILL BE HOSTING THE NATIONAL JUNIOR LIFEGUARD CHAMPIONSHIP ON AUGUST 5, 2015 AT THE BANDSHELL. COME JOIN THE TEAM, PRACTICE ALL THE EVENTS AND UNDERSTAND THE RULES OF EACH EVENT. ALL COMPETITION EQUIPMENT WILL BE PROVIDED AND THE UNIFORM WILL BE CHOSEN BY THE TEAM. THERE IS NO PREREQUISITE AND ALL JUNIORS ARE WELCOME.

- |   |                       |                  |                |
|---|-----------------------|------------------|----------------|
| <input type="checkbox"/> <b>WEEK #7</b> | <b>SUNSPLASH PARK</b> | <b>7/27-7/31</b> | <b>8AM-2PM</b> |
|---|-----------------------|------------------|----------------|

\*TENTATIVE PARENT & TEAM MEETING DATE IS SATURDAY 6/6 AT 6PM WITH MORE DETAILS TO FOLLOW.

HOW WILL YOU BE PAYING?

- ☐ CASH
- ☐ CHECK # \_\_\_\_\_
- ☐ CREDIT CARD (WE ACCEPT VISA, MASTER CARD & AMERICAN EXPRESS)
- ☐ GIFT CERTIFICATE/REFUND CERTIFICATE
- ☐ SCHOLARSHIP

**CAMP COST TOTAL \$** \_\_\_\_\_

**CIRCLE THE APPROPRIATE UNIFORM INFORMATION**

- |   |        |    |     |    |        |        |    |   |    |    |
|---|--------|----|-----|----|--------|--------|----|---|----|----|
| <input type="checkbox"/> <b>FEMALE BATHING SUIT</b> | 28     | 30 | 32  | 34 | 36     | 38     | 40 |   |    |    |
| <input type="checkbox"/> <b>MALE BATHING SUIT</b>   | YOUTH: | S  | M   | L  | ADULT: | S      | M  | L | XL |    |
| <input type="checkbox"/> <b>UNISEX TEE SHIRT</b>    | YOUTH: |    | M   | L  | ADULT: | S      | M  | L | XL |    |
| <input type="checkbox"/> <b>LS BLUE RASH GUARD</b>  | YOUTH: | 10 | 12  | 14 | 16     | ADULT: | S  | M | L  | XL |
| <input type="checkbox"/> <b>BAG</b>                 | YELLOW |    | RED |    |        |        |    |   |    |    |

\*AN APPOINTMENT DATE AND TIME WILL BE ISSUED ONCE FORM IS COMPLETED IN FULL. UNIFORM BAGS WILL BE DISTRIBUTED AND PAYMENT WILL BE ACCEPTED AT THAT TIME.

## 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: \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

\*IF YOUR CHILD WILL BE TRANSPORTED BY ANYONE OTHER THAN THE PEOPLE LISTED ABOVE, PLEASE LIST THIS INFO:

NAME / RELATIONSHIP: \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

**OR** MY CHILD WILL BE:

- ☐ WALKING HOME
- ☐ SKATE BOARDING OR RIDING A BIKE

ALLERGIES: \_\_\_\_\_ CURRENT MEDICATIONS: \_\_\_\_\_

HEALTH OR LIFE THREATENING CONDITIONS WE SHOULD KNOW ABOUT?

- ☐ NO
- ☐ YES PLEASE EXPLAIN \_\_\_\_\_

PARENT CONCERNS: \_\_\_\_\_

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

### 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 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

