



NORTH WILDWOOD BEACH PATROL
 15TH AVENUE & THE BEACH
 NORTH WILDWOOD, NJ 08260
 nwbp@northwildwood.com
JUNIOR LIFEGUARD PROGRAM
2017 REGISTRATION FORM



CHILD'S NAME _____ DOB ___/___/___ Grade (2017-2018) _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: () _____ EMERGENCY PHONE: () _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN EMAIL: _____

PHYSICAL OR MEDICAL PROBLEM(S): _____

REGISTRATION FEE: **\$30.00** () CASH () CHECK CHECK # _____

DATE PAID: _____ RECEIPT # _____

Make check payable to: CITY OF NORTH WILDWOOD

SHIRT SIZE (ADULT): S M L XL

- The Junior Lifeguard Program is held on Tuesdays and Thursdays 9am –11am.
- The Junior Lifeguard Program will run for 4 weeks beginning **Tuesday June 20th**.
- The Junior Lifeguard Program is for Children entering 4th thru 9th Grade during the 2017-2018 School Year.

I, as Parent / Guardian of _____ hereby release and give up all claims and rights I may now or in the future have against the City of North Wildwood with regard to their Junior Lifeguard Program. This release shall include any and all claims that I or _____ may now or in the future have for injuries sustained by _____ as a result of his / her participation in the Junior Lifeguard Program. I understand that in exchange for this release, the City of North Wildwood is allowing _____ to participate in the Junior Lifeguard Program.

SIGNATURE PARENT /GUARDIAN: _____ Date _____

AUTHORIZATION:

I authorize the NWBP and NW Recreation Department Staff to publish photographs for advertising, publications, or social media/web purposes.

PRINT PARENT/GUARDIAN NAME: _____

SIGNATURE PARENT/GUARDIAN: _____ Date _____