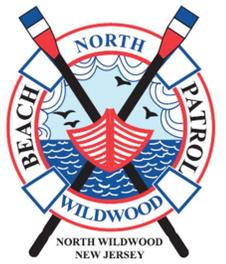


NORTH WILDWOOD BEACH PATROL

15TH AVENUE & THE BEACH
NORTH WILDWOOD, NJ 08260
609.522.7500 • 609.522.6531 (FAX)



CHILD'S NAME _____ DOB __ / __ / __

Grade (2021-2022) _____

ADDRESS: _____

STATE _____ ZIP _____

PHONE: () _____ EMERGENCY PHONE: () _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN EMAIL: _____

PHYSICAL OR MEDICAL PROBLEM(S): _____

REGISTRATION FEE: \$40.00 () CHECK DATE PAID: _____

Make check payable to: CITY OF NORTH WILDWOOD

SHIRT SIZE (ADULT): S M L XL

Dates to Be Announced:

Participation in the Jr. Lifeguard Program is open to local and summer children of the community, in grades 4th thru 9th Grade,

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 web purposes.

SIGNATURE PARENT /GUARDIAN: _____ Date _____