

LAVALLETTE BEACH PATROL
Philadelphia Ave and the Ocean
Lavallette, New Jersey 08735
732-793-2566

Dear Parent or Guardian:

The Lavallette Beach Patrol will again offer summer swim programs for our children. There will be two different programs. These programs are designed to instruct community youth in beach and ocean safety and to improve swimming skills.

APPLICATION

Name: _____ Age: _____ Sex: M F
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____ Emergency Contact
& Phone # _____
Program: _____
Level of ability: Beginner Intermediate Advance Last summer's program and level (if applicable)

PLEASE ALSO COMPLETE THE REVERSE OF THIS PAGE - Return to the Lavallette Badge Office.

JUNIOR LIFEGUARDS: Designed to teach the youth about ocean safety, improve swimming skills, and encourage friendly competition through hands on, team building activities. Ages: 10 to 12 on Tuesdays and Thursdays 10:15-11:15. Must be able to swim 75 yards non-stop. Dates: June 26th – August 8th

LIFEGUARD IN TRAINING (L.I.T): This program is designed for Ages 13-15 who are motivated to become lifeguards or want to learn more about our beach patrol. It will emphasize water safety, rescue techniques, lifesaving skills, physical fitness and teamwork/competition. Participants will also have the opportunity to compete against each other and other L.I.T programs in the area. Mondays, Wednesdays and Fridays 10:00-11:30. Must be able to swim 100 yards non-stop. Dates June 25th – August 8th

(FOR L.I.T PARTICIPANTS ONLY): Is your child interested in competing in L.I.T tournaments?
Circle below

Yes No

For all programs: Provide your child's shirt size below:

AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR

We, the undersign, parent(s) or guardian(s) of _____, a minor, do hereby give our consent for our minor child to perform the duties of lifeguard for the Lavallette Beach Patrol, knowing the risks that rescue work in the ocean surf can present. We also authorize all representatives of the Lavallette Beach Patrol as agent(s) for the undersign, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by and rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice

Act or the medical staff of any accredited hospital, whether such diagnosis or treatment is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to the part of our fore said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

It is understood that effort shall be made to contact the undersigned prior to the rendering of treatment to the patient, but that none of the above treatment shall be withheld if the undersign cannot be reached.

The authorization shall remain effective through August unless sooner revoked in writing and delivered to said agent(s).

DATE _____ HOME PHONE _____ BUSINESS
PHONE _____

PARENT(S) OR GUARDIAN(S) SIGNATURE _____

PERMENENT ADDRESS _____

SUMMER ADDRESS & PHONE _____

Please state any medical problems. Please include doctor's name and phone #

Doctors Name: _____

Phone: _____

Insurance Carrier: _____

Policy #: _____ Medical Information: Please include known allergic
reactions, special medications, problems, etc. -----

RELEASE OF LIABILITY

I hereby release the Borough of Lavallette, the officers and staff of the Lavallette Beach Patrol, agents, and employees from any liability or any injury to any child that might result from any accident during my child's participation in any part of the summer program.

Signature: _____