

## Junior Lifeguard Registration

Start Date: June 30th, 2026

End Date: July 30th, 2026

Tuesdays and Thursdays 9:00 to 11:00

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last Name First Name

Age: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Guardian Name \_\_\_\_\_  
Last Name First Name

Permanent Address: \_\_\_\_\_ Apt.# \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Email: \_\_\_\_\_

Summer Address: \_\_\_\_\_ Apt.# \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Phone Number in Case of Emergency ( ) \_\_\_\_\_

Physical or Medical Problems? YES NO If Yes Please Describe

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Size T-Shirt: Youth S M L XL Adult S M L XL

COST OF PROGRAM IS \$120.00 MAKE CHECKS PAYABLE TO: THE CITY OF CAPE MAY. MAIL TO "JR GUARDS," 238 BEACH AVE, CAPE MAY, NJ 08204.

Upon entering this program, I waive and release any and all rights and claims I may have against any individuals, organization, corporation, or municipality connected with this program.

\_\_\_\_\_  
Signature (Parent of Guardian)

\_\_\_\_\_  
Date