

Office use only: Cash/check # _____

Junior Lifeguard Registration

Start Date: July 1st, 2025

End Date: July 31st, 2025

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