

# *South Walton* FIRE DISTRICT

## JUNIOR LIFEGUARD PROGRAM-SUMMER 2011

### Registration/Waiver Form

PLEASE PRINT ALL INFORMATION CLEARLY

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age as of 6/1/11 \_\_\_\_\_  
(Proof of Age Required)

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Emergency Contact (Day) \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_  
(Name)

School Attending in Fall 2011 \_\_\_\_\_ Grade \_\_\_\_\_

Uniform Sizes: Board shorts: \_\_\_\_\_ (boys) (girls) T-Shirt: \_\_\_\_\_

**If your child is taking medication or using an inhaler, please notify the Junior Lifeguard Program supervisors in writing. Additionally, if your child has any medical condition that may preclude participation in certain physical activities, please advise us as to the limitations. This is for your child's benefit. All information will be kept confidential.**

I hereby give my son/daughter/legal ward permission to participate in the Summer 2011 South Walton Fire District Junior Lifeguard Program. I understand that participants in the program are not employees of South Walton Fire District and will not be covered for any injury or claim of any type while participating in this program.

PARENT / LEGAL GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT / LEGAL GUARDIAN (PLEASE PRINT NAME) \_\_\_\_\_

**FAX THIS FORM TO: 850-267-3294 / ATTN: BEACH SAFETY DIRECTOR**

**OR**

**MAIL TO: SOUTH WALTON FIRE DISTRICT, 911 N CR 393, SANTA ROSA BEACH, FL 32459  
ATTN: BEACH SAFETY DIRECTOR**