

FLAGLER BEACH OCEAN RESCUE JUNIOR LIFEGUARD CAMP APPLICATION PACKET

Please read all instructions before completing the application packet.

- Junior Lifeguard Program Application – Complete all items.
Please remember to sign and date.

- Authorization of Consent to Treatment of a Minor – All information must be complete. Only one parental/guardian signature is required for this form.

- Physician's Release Form – Physician must complete this form.

- Press & Photo Release – Only one parent/guardian signature is required for this form. If you choose not to sign, please write "DENIED" across form and initial.

- Swimming Skills Test – For Junior Lifeguard & Competition Camp

PLEASE NOTE: The Physician's Release Form must be returned **WITH THE APPLICATION** or **ON** the first day of the program. Do **NOT** mail it in separately! **Camp participants will not be able to participate in any activities until the Physician's Release Form is received.**

Applications can be obtained at:

City of Flagler Beach
Junior Lifeguard Program
105 S. Second St.
P.O. Box 70
Flagler Beach, FL 32136

Registration is not guaranteed until all forms (except Physician's Release) and program fees are received. Applications are processed as they are received. If information is missing, registration will be delayed.

Or at: www.cityofflaglerbeach.com

Please fill out **all pages** of this application **in ink** and return the **completed** forms.

**CITY OF FLAGLER BEACH
DEPARTMENT OF PARKS AND RECREATION
JUNIOR LIFEGUARD PROGRAM 2022**

Name: _____

Camp session (Session #s 1 - 8): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (s): (_____) _____ (_____) _____

E-mail: _____

Birth Date ____/____/____ Age: _____ Height: _____

Weight: _____

Gender: _____

Parent / Guardian Name: _____

Parent / Guardian Name: _____

Parent / Guardian Work # : (_____) _____

In the event of an emergency, when a parent / guardian is unavailable, please provide the name and number of a reliable adult that may be contacted.

Emergency Contact / Guardian's Name : _____

Emergency Contact / Guardian's Phone #: (_____) _____

LIABILITY WAIVER: In consideration of my child being allowed to participate in the City of Flagler Beach Department of Parks and Recreation Junior Lifeguard Program, I do hereby, for myself, my child, my heirs, and executors waive, release and forever discharge any and all rights and claims for damages which may, hereafter, accrue to me against the City of Flagler Beach and each of its officers, agents and employees for any and all injuries sustained out of my child's association with, entry in, participation on, or traveling to and from said Junior Lifeguard Program at Flagler Beach. I also understand that any behavior deemed unacceptable by instructors will result in the participant being dropped from the program without a refund. No minor will be permitted to attend the Junior Lifeguard Program at Flagler Beach without a signed Permission form and a completed and signed Physician's Release form.

Parent or Guardian Signature

Date

**CITY OF FLAGLER BEACH
DEPARTMENT OF PARKS AND RECREATION
JUNIOR LIFEGUARD PROGRAM 2022**

AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR

I (We) the undersigned, parent(s)/guardian(s) of _____, a minor, do hereby authorize all representatives of the City of Flagler Beach as agent(s) for the undersigned, to consent to any examination, X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and rendered under the general or special provision of any physician and surgeon licensed under the provisions of the Medical Practice Act or the medical staff of any accredited hospital, but is given to provide authority and power on the part of our aforesaid 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 treatments shall be withheld if the undersigned cannot be reached. This authorization shall remain effective through 2022 Junior Lifeguard Program Sessions, unless sooner revoked in writing and delivered to said agent(s).

Parent's Name (please print):

Parent's Signature: _____

Daytime Phone #: _____

Guardian's Name (please print):

Guardian's Signature: _____

Daytime Phone #: _____

Date: _____

MEDICAL INFORMATION: Please include known allergies, allergic reactions, special medications, medical problems/conditions. If none exist, please write NONE in the space below.

THE ABOVE MUST BE FILLED OUT COMPLETELY AND SIGNED FOR YOUR CHILD TO REGISTER AND PARTICIPATE IN THE JUNIOR LIFEGUARD PROGRAM.

**CITY OF FLAGLER BEACH
DEPARTMENT OF PARKS AND RECREATION
JUNIOR LIFEGUARD PROGRAM 2022
PHYSICIAN'S RELEASE FORM**

Name of Applicant: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone #: _____

Gender: _____ Age: _____ Height: _____ Weight: _____

Pulse: _____ B/P: _____ Temperature: _____

TO THE PHYSICIAN:

The person you are examining is an applicant for the Junior Lifeguard Program at Flagler Beach operated by the City of Flagler Beach. As such, this person will be participating in physically demanding activities in the ocean. Activities will include, but not be limited to swimming, running, paddling, calisthenics, and exposure to sun / heat.

EXAMINATION RESULTS:

APPLICANT IS. . .

ABLE

NOT ABLE

to participate in the Junior Lifeguard Program.

APPLICANT'S CONDITION:

Excellent

Good

Fair

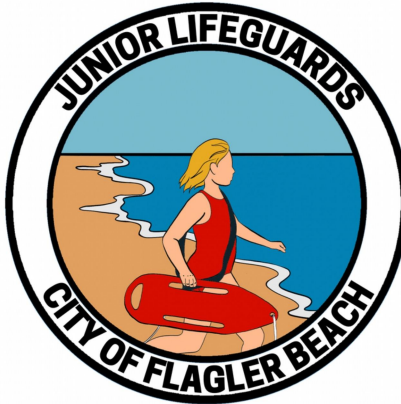
RESTRICTIONS / RECOMMENDATIONS:

SIGNATURE OF EXAMINING PHYSICIAN

DATE

**OFFICE STAMP:
(Must be stamped)**

**CITY OF FLAGLER BEACH
DEPARTMENT OF PARKS AND RECREATION
JUNIOR LIFEGUARD PROGRAM 2022
PRESS AND PHOTO RELEASE**



I understand that my child may be photographed while participating in the City of Flagler Beach Junior Lifeguard Program. I agree to allow these photos to be used for promotional purposes without any monetary compensation and I understand that these photos will be the property of The City of Flagler Beach. I also understand that my child may be photographed and/or interviewed by the press while participating in the Flagler Beach Junior Lifeguard Program.

(Only one parent / guardian signature is required)

Parent or Guardian's Name: (please print)

Parent or Guardian's Signature:

Date: _____

**CITY OF FLAGLER BEACH
DEPARTMENT OF PARKS AND RECREATION
JUNIOR LIFEGUARD PROGRAM 2022**

2022 SWIM TESTING

All prospective Junior Lifeguard participants must undergo a Swim Test and demonstrate the following skills to ensure their safety in the program:

- (1) swimming 100 yards in deep water in less than 2 minutes 30 seconds**
- (2) treading in deep water for two minutes**
- (3) retrieving a submerged object from a depth of 5 feet**

Swim Testing will be conducted at *the Belle Terre Swim and Racquet Club* (73 Patricia Drive, Palm Coast, FL 32164) on the following dates:

Saturday, May 28	8:00 A.M. – 9:00 A.M.
Saturday, June 4	8:00 A.M. – 9:00 A.M.
Saturday, June 11	8:00 A.M. – 9:00 A.M.
Saturday, June 18	8:00 A.M. – 9:00 A.M.
Saturday, June 25	8:00 A.M. – 9:00 A.M.

2022 PROGRAM FEES

The City of Flagler Beach's Junior Lifeguard, Beach, and Competition Camps are **\$80.00 per session. No reduced rates** are available if your child cannot attend a full session / week of camp. **You may not split sessions.**

There will be a \$20.00 entry fee for anyone participating in the Southeast Regional Junior Lifeguard Competition. The Competition dates and location are to be determined. The **\$80.00** tuition fees include the participants' Junior Lifeguard uniform T-shirt, lectures and instruction given by professionals of the City of Flagler Beach, engaging beach activities, and use of Flagler Beach Ocean Rescue's equipment. Additional training hours may be scheduled for individuals enrolled in Competition Camp that are competing in regional and national competitions.

Applications can be submitted at Flagler Beach City Hall:

May 26th and 27th from 4:00P.M. – 6:00P.M.

After May 30th, registration can be completed at Flagler Beach City Hall during normal business hours: Mon - Friday between 8:30 a.m. and 4:30 p.m.

**CITY OF FLAGLER BEACH
DEPARTMENT OF PARKS AND RECREATION
JUNIOR LIFEGUARD PROGRAM 2022**

SWIMMING SKILLS EVALUATION

Swim Testing will be conducted at *the Belle Terre Swim and Racquet Club* (73 Patricia Drive, Palm Coast, FL 32164) on the following dates:

Saturday, May 28 8:00 A.M. – 9:00 A.M.
Saturday, June 4 8:00 A.M. – 9:00 A.M.
Saturday, June 11 8:00 A.M. – 9:00 A.M.
Saturday, June 18 8:00 A.M. – 9:00 A.M.
Saturday, June 25 8:00 A.M. – 9:00 A.M.

NOTE: The swimming skills assessment must be completed at any **25-yard swimming pool** that is at least **five feet in depth** by a **certified** lifeguard or swimming instructor. Completed assessment forms must include the signature and contact information of the lifeguard or instructor.

Name: _____

Date: _____

<u>Skills Assessment</u>	<u>Time</u>	<u>Lifeguard Signature</u>
<input type="checkbox"/> Swim 100 Yards in less than 2 min. and 30 sec.		
<input type="checkbox"/> Tread water for 2 minutes		
<input type="checkbox"/> Retrieve an object from 5 feet of water		