



**EMERALD ISLE OCEAN RESCUE JUNIOR LIFEGUARD PROGRAM  
REGISTRATION FORM**

Participants Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex: M F

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Circle One:

Session 1: July 15-18, Age: 9-12

Shirt Size: YS YM YL S M L

Session 2: July 22-25, Age: 13-17

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Please attach a sports physical along with application forms and a copy of birth certificate**

<p><u>For Office use Only:</u> Submission Date _____ Paid Fee _____ Staff Initials _____</p>
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**EMERALD ISLE JUNIOR LIFEGUARD PROGRAM  
LIABILITY WAIVER**

In consideration of the acceptance of my child's application for, and/or for allowing my child to participate in, the Emerald Isle Junior Lifeguard Program, I hereby agree to assume all risks attendant upon myself and/or my child while participating in the Junior Lifeguard Program. I hereby waive, release, and discharge any and all claims for damages for death, personal injury or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my or my child's participation in the Junior Lifeguard Program. I agree to save and hold harmless from liability the Town of Emerald Isle, all other county agencies and/or any of their agents, servants, volunteers, or employees by reason of any accident, death, injury, or damages to persons or property which I or my child may suffer while participating in the Emerald Isle Junior Lifeguard Program. This release is intended to discharge in advance the Town of Emerald Isle, all other county agencies and/or any of their agents, servants, volunteers, or employees by reason of any accident, death, injury or damages to persons or property which I or my child may suffer, from and against any and all liability arising out of or connected in any way with my or my child's participation in the Emerald Isle Junior Lifeguard Program, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents or death can occur during aquatic and marine activities; and that participants in aquatic and marine activities occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risk of aquatic and marine activities (swimming, paddling, lifesaving, body surfing, etc.), nevertheless, I hereby agree to assume on my behalf and on behalf of my child those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me or my child (or my heirs or assigns, or my child's heirs or assigns) for damages.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I agree to assume all responsibility for any property damage or injury to any person caused by me or my child while participating in the Emerald Isle Junior Lifeguard Program.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERALD ISLE JUNIOR LIFEGUARD PROGRAM  
PRESS AND PHOTO RELEASE**

I understand that my child may be photographed while participating in the Emerald Isle 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 Town of Emerald Isle. I also understand that my child may be photographed and/or interviewed by the press while participating in the Emerald Isle Junior Lifeguard Program.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERALD ISLE JUNIOR LIFEGUARD PROGRAM  
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 Emerald Isle Fire Department 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 20\_\_ Junior Lifeguard Program Sessions, unless sooner revoked in writing and delivered to said agent(s).

Parent or Guardian Name (please print) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Phone \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**Emerald Isle Junior Lifeguard Program  
Transportation Consent**

Certain events during the Junior Lifeguard Program will require transportation away from the designated drop off/pick up area for the Program, and the undersigned grant permission for my child

Name of Participant: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned also acknowledge that my child CANNOT be picked up and/or be dropped off by anyone other than the individuals listed below, all of whom must present valid driver's licenses, unless written authorization has been given to a Jr. Lifeguard Instructor no later than the day before the request. The authorized individuals that have permission to pick up or drop off my child from the designated pickup/drop off area for the program:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Emerald Isle Junior Lifeguard Program  
Permission to Walk Home**

I give permission to my child to walk home alone after Junior Lifeguards is completed each day. I release the Town of Emerald Isle from responsibility of care as soon as Junior Lifeguard Program is completed on the days my child attends.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMERALD ISLE JUNIOR LIFEGUARD PROGRAM BEHAVIOR AGREEMENT

For the Junior Lifeguard Program to be successful, **students must exhibit behavior that is respectful of our staff, other students, as well as our equipment and facilities.** Group activities are vital to our program. A student who is disruptive to group activities and disrespectful to instructors diminishes the enjoyment and education of the other students.

Expected Behaviors:

- Respect of instructors and other staff.
- Respect of other students; no shoving, hitting or insulting.
- Respect the facilities, equipment and property of others.
- Cooperation with others and good sportsmanship.
- Following all safety rules and all instructions.
- Listening quietly to directions and announcements.
- Participation in activities.

The progressive steps of discipline are as follows:

1. When a minor discipline situation occurs, the student will be counseled about the situation and given an explanation of what behavior changes expected.
2. If a subsequent incident occurs, the student will be asked to take a "**TIME OUT**", a period of five to ten minutes. After the "**TIME OUT**", the student is allowed to rejoin the group activity.
3. If a student has a series of discipline situations in the same day or over several days, the lead instructor will inform the student's parent or guardian about the situation.
4. If, after informing the students parents, the student's behavior is still not acceptable, the parent or guardian of the student will be informed that the student may no longer attend any of the program's activities. There will be no refund of fees.

Major first-time incidents may progress the student directly to step 4 or step 5 of the above procedures. Major incidents would include:

- Truancy.
- Insubordination.
- Fighting with another student or other person.
- Unlawful or non-consensual touching of another person.
- Stealing the property of another.
- Vandalism of equipment or facilities.
- Any behavior that compromises safety.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_