



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

APPLICATION PACKET INSTRUCTIONS

Please read all instructions before completing the application packet

Registration can be completed at Flagler Beach City Hall
(116 South 3rd Street, Flagler Beach)
Monday through Friday between the hours of 8:30 am - 4:30 pm

- A. **Junior Lifeguard Program Application** – Complete all items. Please remember to sign and date.
- B. **Authorization of Consent to Treatment of a Minor** – All information must be complete. Only one parental/guardian signature is required for this form.
- C. **Physician’s Release Form** – Your physician must complete form.
- D. **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.
- E. **Swimming Skills Test**

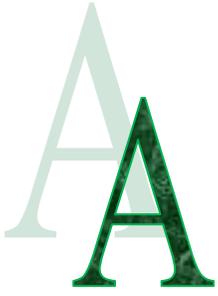
PLEASE NOTE: The Physician’s Release Form must be turned in at City Hall along WITH THE APPLICATION or ON the first day of the program. DO NOT mail it in separately! If the Junior Lifeguard does not turn in the release form by the first day of the session, he/she will not be able to participate in any activities until the form is received.

Applications can be obtained at:

City of Flagler Beach
Junior Lifeguard Program
116 S 3rd Street
Flagler Beach, FL 32136

Or Online: www.cityofflaglerbeach.com

*Registration is not guaranteed until all forms (except Physician’s Release), along with program fee are received. Applications will be processed as they are received. If information is missing, registration will be delayed. *



JUNIOR LIFEGUARD PROGRAM APPLICATION

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

Child's Name _____ Camp Session: _____

Birth Date ____/____/____ Age _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

E-mail _____

Height _____ feet _____ inches Weight _____ Sex: M F

Parent/Guardian Name _____

Parent/Guardian Work # (____) _____

Parent/Guardian Name _____

Parent/Guardian Work # (____) _____

In the event of an emergency, when a parent is unavailable, please provide the name and number of a reliable friend or relative that may be contacted.

Emergency Contact Name _____

Relationship to Jr. Lifeguard Applicant _____

Emergency Contact 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 Physicians Release form.

Parent or Guardian Signature _____ Date _____



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 2026 Junior Lifeguard Program Sessions, unless sooner revoked in writing and delivered to said agent(s).

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

MEDICAL INFORMATION: Please include known allergies, allergic reactions, special medications, medical problems/conditions. If none exists, 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



PHYSICIAN'S RELEASE FORM

Name of Applicant _____

Address _____ City _____

State _____ Zip Code _____ Home Phone # _____

Sex: M F Age _____ Height _____ feet _____ inches 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 an ocean setting. Activities will include, but not be limited to swimming, running, boating, calisthenics and exposure to sun and heat.

EXAMINATION RESULTS:

The applicant named above is: (Circle One) ABLE / NOT ABLE to participate in the Junior Lifeguard Program.

APPLICANT'S CONDITION: (Check One): _____ Excellent _____ Good _____ Fair

RESTRICTIONS:

RECOMMENDATIONS:

SIGNATURE OF EXAMINING PHYSICIAN

DATE

OFFICE STAMP:
(Must be stamped)

[Empty rectangular box for office stamp]



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 City of Flagler Beach Junior Lifeguard Program.

Only one signature is required.

Child's Name _____

Parent or Guardian's Name (please print) _____

Parent or Guardian's Signature _____

Date _____



SWIMMING SKILLS TEST

Swim Testing may be done on the following dates:

Saturday, May 30 8:00 A.M. – 9:00 A.M. Belle Terre Swim and Racquet Club, Palm Coast

Saturday, June 06 8:00 A.M. – 9:00 A.M. Belle Terre Swim and Racquet Club, Palm Coast

Saturday, June 13 8:00 A.M. – 9:00 A.M. Belle Terre Swim and Racquet Club, Palm Coast

Saturday, June 20 8:00 A.M. – 9:00 A.M. Belle Terre Swim and Racquet Club, Palm Coast

Saturday, June 27 8:00 A.M. – 9:00 A.M. Belle Terre Swim and Racquet Club, Palm Coast

Swimming skills will be tested at
Belle Terre Swim and Racquet Club Pool
on Saturday morning's beginning May 30th
between 8:00am and 9:00am.

Child's Name: _____ **Date:** _____

Swim 100 Yards with good form in less than 2 minutes, 30 seconds.	Time:	Lifeguard Signature
Tread water for two minutes.		Lifeguard Signature
Retrieve an object from 5 feet of water.		Lifeguard Signature