

2020 SEA ISLE CITY BEACH PATROL LIFEGUARD APPLICATION

Name _____ Age On Test Day _____

Summer Residence _____

Cell Phone Number _____ E-Mail Address _____

Education: High School _____ College _____

Date Candidate Will Need To End Summer Employment To Return To School ____/____/____

Have You Ever Plead Guilty, No Contest, Or Been Convicted Of A Crime? Yes ____ No ____

Have You Ever Worked For Another Beach Patrol? If Yes Name _____ No ____

Education Or Activities That May Enhance Employment Possibilities _____

Medical Concerns Or Medications Our Medical Staff Should Be Aware Of _____

Mandatory Release Form

I understand that I am financially responsible for any and all medical bills incurred by myself or my child while participating in lifeguard tryouts. In case of emergency, I grant permission for myself or my child to be given emergency treatment by the appropriate medical personnel.

In consideration of accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for losses, and damages I may have against the Sea Isle City Beach Patrol, Sea Isle City, and all other parties and their elected officials, employees, agents, representatives, successors, and assigns for any and all injuries, including death, suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of lifeguard tryouts, and my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all foregoing to use photographs, videotapes, motion pictures, recordings or any other records of this event for any purpose whatsoever and waive and release all claims for compensation that I might have with regard to such use.

Applicant's Signature _____ Date _____

Parent's or Guardian's Signature Required For All Applicants Under The Age Of Eighteen _____ Date _____

Below Information Will Be Completed By Beach Patrol Administration On Testing Days

Run Time _____ Pts. _____ Swim Time _____ Pts. _____ Total Pts. _____ Place _____

Average Interview Score, 1 (lowest) to 5 (highest) _____ 500 Meter Pool Time _____

Surf Rescue Time _____ Pts. _____ Surf Rescue Acceptable For Hire, Yes ____ No ____