

## 2019 SEA ISLE CITY BEACH PATROL LIFEGUARD APPLICATION

Name \_\_\_\_\_ Age On Test Day \_\_\_\_\_

Summer Residence \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Education: High School \_\_\_\_\_ College \_\_\_\_\_

Date Candidate Will Need To End Summer Employment To Return To School \_\_\_\_/\_\_\_\_/\_\_\_\_

Other 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 \_\_\_\_\_