

# PROSPECTIVE LIFEGUARD

## Paperwork Checklist

### Sea Isle City Beach Patrol



Below is a list of items to be completed in order to participate in the 2026 Sea Isle City Beach Patrol tryouts.  
**ALL paperwork should be submitted as soon as possible but no later than Friday, June 5<sup>th</sup> at 3pm.**

1

#### BEACH PATROL LIFEGUARD APPLICATION

- Fill in the top section
- Print and sign
- If under 18, a parent/guardian must also sign

2

#### IMPORTANT DATES FOR PROSPECTIVE LIFEGUARDS

- Print and sign
- If under 18, a parent/guardian must also sign
- Contact Recruiting Officer Mike Farley ([mfarley@seaislecitynj.us](mailto:mfarley@seaislecitynj.us)) if you have any conflicts with the dates

3

#### BEACH PATROL WAIVER AND RELEASE

- Print and sign
- If under 18, a parent/guardian must also sign

4

#### BEACH PATROL MEDICAL CERTIFICATION

- Print and schedule your appointment with a doctor to complete
- Form must be signed by a licensed doctor (MD or DO), certified NP or a certified PA
- This form can be submitted separately from the other required paperwork

5

#### LIFEGUARDS UNDER EIGHTEEN YEARS OF AGE

- This form is only for prospective guards under eighteen (if over 18, do not complete)
- If under 18, print and a parent/guardian must sign

**DEADLINE FOR COMPLETED PAPERWORK: Friday, June 5<sup>th</sup> at 3pm**

Completed paperwork can be submitted by mail or electronically

By mail to -

Chief Renny Steele

233 JFK Blvd

Sea Isle City, NJ 08243

Scanned and emailed to -

[rsteele@seaislecitynj.us](mailto:rsteele@seaislecitynj.us)

OR faxed to -

(609) 263-2466

*Starting Saturday of Memorial Day,*

*Paperwork can also be hand delivered to Beach Patrol Headquarters between 10am and 5pm.*

Please email Recruiting Officer Mike Farley with any questions - [mfarley@seaislecitynj.us](mailto:mfarley@seaislecitynj.us)

## 2026 SEA ISLE CITY BEACH PATROL LIFEGUARD APPLICATION

**Sea Isle City and the Sea Isle City Beach Patrol are Equal Opportunity Employers**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

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

Cell Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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

Date you would need to end summer employment with the beach patrol: \_\_\_\_/\_\_\_\_/2026

Have you ever worked for another South Jersey beach patrol? Yes\_\_\_\_ No\_\_\_\_ (Choose One)

Have you participated in Sea Isle's Lifeguard in Training Program? Yes\_\_\_\_ No\_\_\_\_ (Choose One)

In the space below describe any activities, qualifications or special skills you would like to be considered that may enhance your employment possibilities:

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### 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

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Parent's or Guardian's Signature Required For All Applicants Under The Age Of Eighteen

\_\_\_\_\_  
Dated

### 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 \_\_\_\_\_

## **SEA ISLE CITY BEACH PATROL 2026 IMPORTANT DATES FOR PROSPECTIVE LIFEGUARDS**

Below are mandatory obligations that first year guards must attend.

**June 13** (Saturday) 10:00 AM paperwork needed:

1. ID required for your I-9 [Employment Eligibility Verification]
2. Working papers if applicable, 11:30 AM until 5:30 PM first aid

**June 14** (Sunday) 10:00 AM until 5:30 PM CPR

**June 17** (Wednesday) 10:00 AM until 4:30 PM rookie school

**June 18** (Thursday) 10:00 AM until 4:30 PM rookie school

**June 19** (Friday) 10:00 AM until 4:30 PM rookie school

**June 20** (Saturday) 8:30 AM until 4:30 PM rookie school

**August 1** (Saturday) 5:45 PM until 8:45 PM Island Run

Guards are required to work from late June until Labor Day. Returning to school at the end of the summer will be an acceptable excuse for noncompliance with this requirement. Excuses such as vacations and other summer jobs are not acceptable. Prospective guards who cannot comply with the preceding or need to end employment before **August 15**, regardless of the reason, will not be granted employment.

Before a first year guard participates in lifeguard tryouts, he or she must have a current physical examination by a licensed doctor (MD or DO), certified nurse practitioner, or physician's assistant. To qualify as a current exam, the physical must have been administered within the last 365 days and cannot expire during the summer season. Only the 2026 Sea Isle City Beach Patrol Medical Certification Form will be accepted.

Any prospective lifeguard who does not participate in all six days of rookie school will not be granted employment with the Sea Isle City Beach Patrol. This includes nonparticipation due to injury.

A candidate who completes rookie school and meets the requirements specified in the Sea Isle City Beach Patrol Operations and Training Manual is guaranteed a position as a scheduled or alternate guard.

Your signature below indicates you have read, understand, agree to, and will comply with the above.

Type Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### **First Year Lifeguards under Eighteen Years of Age**

A parent's or guardian's signature is required for a prospective lifeguard under 18 years of age. Please note your minor child must have their working papers before they attend rookie school. Your signature below gives the beach patrol permission to work your child between the hours of 7:00 AM and 10:00 PM; not to exceed 10 hours in one day.

Parent's or Guardian's Signature: \_\_\_\_\_

### Sea Isle City Beach Patrol Waiver and Release of Liability

In consideration of permitting the Lifeguard Applicant/Trainee (hereinafter "Releasor") to participate in the Lifeguard training and testing with the City of Sea Isle City (hereinafter "Releasee"), the Releasor hereby agrees to and acknowledge the following:

- 1) The Lifeguard training and testing can be strenuous, and may subject Releasor to the risk of serious bodily injury. The Releasor has been required to obtain a physical examination from a licensed physician (MD or DO), certified nurse practitioner, or physician's assistant certifying that the Releasor is medically fit to participate in the Lifeguard training and testing, and the Releasor certifies that he/she has truthfully and completely disclosed to the Releasee and the examining physician his/her complete medical history and all known medical conditions; and
- 2) Releasor, by executing this "Waiver and Release of Liability", will be engaging in the Lifeguard training and testing entirely at his or her own risk. Releasor agrees that he/she is voluntarily participating in the Lifeguard training and testing which involves activities that have a risk of serious bodily injury, and that in the use of the Releasee's facilities, equipment and premises, the Releasor is assuming all of the risks of injury, permanent disability, economic losses, illness, or death; and
- 3) Releasor, by executing this "Waiver and Release of Liability", hereby grant, on behalf of myself, my successors and assigns, to each Releasee and all their affiliates, employees, agents, representatives, successors, or assigns, all rights of every nature, in whole or in part, in combination or not with other footage/video, to any and all photographs, video tapes, motion pictures, recordings or any other recording and/or materials to use in any and all manner for any purpose related to Releasee and waive and release all claims for compensation that Releasor might have with regard to same.
- 4) Releasee shall not be responsible for the loss of any Releasor's personal property; and
- 5) This "Waiver and Release of Liability" shall include, without limitation, any and all injuries which may occur as a result of: (a) Releasor's use of the facilities and equipment of Releasee and Releasor's participation in the Lifeguard training and testing, as well as any personal training or instruction; (b) the malfunctioning of any Releasee's equipment; (c) Releasee's instruction, training, or supervision; and (d) Releasor's tripping, slipping and/or falling while on the Releasee's premises or areas where training and testing occur; and
- 6) The Releasor agrees to undergo a thorough and complete background check, including but not limited to, fingerprint check, credit check, motor vehicle record check, reference check (personal and professional), and a check of the Megan's Law directory for New Jersey and any other state where the applicant previously resided. The Releasor acknowledges the City shall retain such information and documents in perpetuity.
- 7) This waiver and release of liability includes the Releasee and any and all employees of the Releasee.

You acknowledge that you have carefully read this "Waiver and Release of Liability" and fully understand that it is a complete and absolute release of liability. You expressly agree to release and discharge the Releasee, and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims, damages, losses or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring any legal action against the Releasee for personal injury or property damage.

To the extent that any statute or case law does not prohibit releases for gross negligence, this release is also for gross negligence on the part of the Releasee, its agents, and employees.

If any portion of this "Waiver and Release of Liability" shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this "Waiver and Release of Liability" shall remain in full force and effect and the offending provision or provisions shall be severed here from.

By executing this "Waiver and Release of Liability", I acknowledge that I fully understand its content, that I am executing this document freely and voluntarily, and that I understand that I am giving up substantial rights in consideration for being permitted to participate in the Lifeguard training and testing.

\_\_\_\_\_  
Type Name of Releasor

\_\_\_\_\_  
Signature of Releasor

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Type Name of Parent / Guardian of Minor

\_\_\_\_\_  
Signature of Parent / Guardian of Minor

\_\_\_\_\_  
Dated

## 2026 SEA ISLE CITY BEACH PATROL MEDICAL CERTIFICATION

Type Last Name \_\_\_\_\_ Type First Name \_\_\_\_\_

**Below to be Completed by Physician; not Lifeguard**

Date when physical examination was performed. May differ from completion date of this form.  
**(must not be left Blank)** \_\_\_\_/\_\_\_\_/\_\_\_\_

Prevention: As related to ultraviolet exposure, I have discussed with the examinee the need for eye protection and the risk of skin cancer and appropriate protection measures.

**PHYSICIAN'S INITIALS** \_\_\_\_\_

Hepatitis B: According to immunization records the examinee has completed the Hepatitis B vaccination series. Physician's initials in this section are only required for FIRST TIME (FIRST YEAR) APPLICANTS.

**PHYSICIAN'S INITIALS** \_\_\_\_\_

Clearance: Examinee is physically fit and able to perform the below job duties of an ocean lifeguard.

**PHYSICIAN'S INITIALS** \_\_\_\_\_

Lifeguard Duties: Duties of an ocean lifeguard include swimming, running, rowing, paddling a rescue board, moving lifeguard boats and stands, hearing, visual observations, and performing CPR and providing first aid.

Physician's Stamp

Physician Information

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

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Lifeguards under Eighteen Years of Age**

Your child, who is under the age of 18, must have their working papers before they are permitted to work for the Sea Isle City Beach Patrol. If they have never been employed by the patrol, they do not need working papers to take the lifeguard test, however, they will need them for rookie school.

Your signature below gives the Sea Isle City Beach Patrol permission to work your child between the hours of 7:00 AM and 10:00 PM; not to exceed 10 hours in a single day.

Additionally, your signature grants permission for adult beach patrol employees, who are 18 years of age or older, to transport your child in city or personally owned vehicles when related to assigned duties pertaining to their employment as a Sea Isle City lifeguard. During a storm, your child may seek safe shelter with an adult lifeguard in a privately or city owned vehicle.

Furthermore, your signature allows your child to use public or private bathroom facilities without adult supervision.

Moreover, your signature grants full permission to any and all to use photographs, videotapes, or any other record of your child when they are involved in activities related to the Sea Isle City Beach Patrol.

Type Name of Underage Guard: \_\_\_\_\_

Parent / Guardian signature: \_\_\_\_\_