

**SEA ISLE CITY BEACH PATROL'S
TWENTY-SEVENTH ANNUAL LIFEGUARDS IN TRAINING PROGRAM
2027 REGISTRATION FORM**

Tuesdays and Thursdays from July 20 through August 5 from 10:15 AM to 12:30 PM. Enrollment is open to applicants ages 14 to 17. The program is limited to the first 40 applicants.

The purpose of the program is to introduce basic lifesaving skills and rescue techniques as an educational and physical training foundation for prospective beach patrol employees. Beach patrol instructors will apply principles of surf Dashing, swimming, running, paddling, and ocean rowing to techniques of water rescue and beach management appropriate to age and developing skill. LITs developing through the program to the advanced level, who are sixteen years of age or older, may be selected for employment with the beach patrol upon graduating from the program in August.

A fee of twenty-five dollars per applicant is necessary to help defray the cost of pool rentals, the LIT uniform shirts distributed to each participant, and the end of program barbeque. The fee is due when the registration form is submitted. Checks should be made payable to Sea Isle City Beach Patrol.

Last Name _____ First Name _____ DOB _____ Age _____

Summer Address _____ Adult T-Shirt Size: S M L XL

E-mail Address Of Applicant _____

Phone: Cell Of Applicant _____ Cell Of Parent _____

My child meets the criteria specified on the beach patrol's website and would like to be considered for the stroke clinic (advanced swim lessons). **Parent's Initials** (if applicable): _____

My child would like to be considered for rowing instruction. **Parent's Initials** (if applicable): _____

In Case Of Emergency, Contact (after parents) _____ Phone _____

The beach patrol may transport my child to the bay for rowing instruction, to neighboring towns for competitions, or to the Whippoorwill Campground swimming pool for swim instruction and testing. My initials next to "yes" grant permission for adult beach patrol employees, other LITs, or parents of LITs, to transport my child in City or personally owned vehicles when related to the Lifeguards in Training program.
Parent's Initials: Yes _____ No _____

Release Form (Mandatory)

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

In consideration of the use of the premises, equipment, and facilities owned or operated by the City of Sea Isle and / or in consideration of permitting to participate in activities of this Lifeguards in Training program, on behalf of myself, my heirs, executors, administrators, successors or assigns, I hereby release and forever discharge the Sea Isle City Beach Patrol and the City of Sea Isle, their agents and employees of and from any and all suits or causes of action, damages, claims or demands, arising out of my child's participation in the Lifeguards in Training program, including but not limited to death, personal injury or property damage. Further, I hereby grant full permission to any and all forgoing to use photographs, videotapes, or any other record of this event for any purpose whatsoever.

Additionally, your signature below allows Sea Isle City Beach Patrol's medical staff to provide medical care for injuries to your child. You will be informed of injuries that are of a serious nature.

Signature of Parent/Guardian _____ Date _____