

**City of Pismo Beach  
Junior Lifeguard Registration Form**

**PLEASE PRINT**

Name: \_\_\_\_\_ Sex: Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

Parent/Guardian Cell # \_\_\_\_\_

Home #: \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ (Fall - 2021) Group \_\_\_\_\_ Swim Time: \_\_\_\_\_ LG initials: \_\_\_\_\_

**REGISTRATION TOTAL**

**Price**

Fee for participant

**\$452.00**

(Please make check out to "City of Pismo Beach")  
(Credit Cards Accepted)

**Uniform Package includes 1 t-shirt, 1 sweatshirt, 1 board short**

(Circle one size for shirt, sweatshirt, and shorts):

Shirt: Children's: L Adult: S M L XL

Sweatshirt: Children's: L Adult: S M L XL

Junior Board Shorts Hybrid JS JM JL JXL SM (29-31) MD (32-33) LG (34-35) XL (36-38)  
2X (37-40) 3X (41-43)

Girls JS (6-8) JM (8-10) JL (12-14) XS (0-2) SM (3-5) MD (6-8)  
LG (9-11), XL (12-13), 2X (14-16)

Sub Total: \_\_\_\_\_

Additional items sold separately:

Shirt-\$15

Sweatshirt-\$25

Boardshorts-\$25

Backpack-\$45

Total: \$ \_\_\_\_\_

## Junior Lifeguard Program Waiver and Release of Liability 17 Years and Under

Child's Name (Last)	Middle	First
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**FOR THE PARENT/GUARDIAN:**

I, the undersigned, understand that the Pismo Beach Junior Lifeguard Program, sponsored by the City of Pismo Beach, requires that said participants shall take a physical test of swimming skills and also engage in various physical activities on the beaches and in the waters of the Pacific Ocean and Pismo Beach. The City of Pismo Beach does not maintain health insurance for injuries to the Junior Lifeguard Program participants that may arise out of involvement in the Junior Lifeguard Program. I will inform my child that he/she must follow all Junior Lifeguard safety rules as well as any other rules or directions given during participation in the program. My child and I (we) realize that participation in all Junior Lifeguard Program activities and events are voluntary. Nevertheless, I, **ON BEHALF OF THE ABOVE MENTIONED MINOR (hereinafter "Minor") AND FOR MYSELF, HEREBY ASSUME THESE RISKS OF PARTICIPATING IN THE JUNIOR LIFEGUARD PROGRAM.**

In return for allowing Minor to participate, I, on behalf of Minor and for myself hereby waive, release and discharge any and all claims for damages for death, personal injury or illness, disability, or property damage of any kind which may hereafter accrue to Minor or myself as a result of his/her participation in this activity. This release is expressly intended to discharge in advance the City of Pismo Beach and its employees, agents and volunteers from and against any and all liability arising out of or connected in any way with Minor's participation in this activity. **THIS RELEASE WILL APPLY EVEN THOUGH LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THOSE DISCHARGED INCLUDING THEIR EMPLOYEES, AGENTS, AND VOLUNTEERS.**

I further agree to indemnify and hold harmless the entities and persons herein released from any and all claims made by other individuals or entities as a result of any said Minor's actions during his/her participation in this event.

This Waiver and Liability Release shall apply to Minor and myself, as well as any of our heirs, executors, or administrators.

By my signature below, I hereby certify that I am the parent or legal guardian of Minor and that I am acting in that capacity. Further, I acknowledge that I have read this document and understand its contents. I am aware that it is a full release of liability on behalf of the City of Pismo Beach, as described above, and sign it of my own free will.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Parent/Guardian Print Name**

\_\_\_\_\_  
**Date**

# Junior Lifeguard Program Participation Information & Consent for Medical Treatment - 17 Years and Under

CHILD'S NAME (FIRST)	(MIDDLE)	(LAST)
DATE OF BIRTH	ALLERGIES	
PHYSICAL LIMITATIONS		
<b>EMERGENCY CONTACTS</b>		
NAME (FIRST, MIDDLE, LAST)	PHONE NUMBERS (HOME, WORK, PAGER, CELL)	RELATIONSHIP
ALTERNATE PERSON (FIRST, MIDDLE, LAST)	PHONE NUMBERS (HOME, WORK, PAGER, CELL)	RELATIONSHIP

**CONSENT FOR MEDICAL TREATMENT OF A MINOR**

I hereby authorize any duly authorized doctor, emergency medical technician, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while he/she was a participant at the Pismo Beach Junior Lifeguard Program.

I authorize any licensed physician to perform any procedure, which he/she deems advisable in attempting to treat or relieve any injuries, or any related unhealthy conditions said minor might encounter during any necessary operation.

I consent to the administration of anesthesia as deemed advisable by any licensed physician.

I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any treatment.

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

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Date

# John Wayne Cancer Foundation Photo/Video Release Waiver

## Authorization and Release

I hereby grant permission to the John Wayne Cancer Foundation (hereinafter "the Foundation") to photograph/video my image, likeness, or depiction and/or that of my minor children (if applicable). I hereby grant permission to the Foundation to edit, crop, or retouch such photographs/video, and waive any right to inspect the final photographs/video. I hereby consent to and permit photographs/video of me and/or those of my minor children to be used by the Foundation for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic. I understand that the Foundation may use such photographs with or without associating names thereto. I further waive any claim for compensation of any kind for the Foundation's use or publication of photographs/video of me and/or those of my minor children (if applicable).

I hereby fully and forever discharge and release the Foundation from any claim for damages of any kind arising out of the use or publication of photographs/video of me and/or those of my minor children (if applicable) by the Foundation, and covenant and agree not to sue or otherwise initiate legal proceedings against the Foundation for such use or publication on my own behalf or on behalf of my minor children. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

I acknowledge and represent that I am over the age of 18, have read this entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor children (if applicable).

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Print Name of Minor Child \_\_\_\_\_

Print Name of Minor Child \_\_\_\_\_