



Junior Lifeguard Registration - 2023

(FOR CHILDREN 10 - 15 YEARS OLD)

CHILD'S NAME (print): _____

AGE: _____ DATE OF BIRTH: _____ MALE: _____ FEMALE: _____

UNIFORMS **SHORTS** > YOUTH-SM - MED - LG ADULT-SM - MED - LG - X **CIRCLE ONE**
T-SHIRTS > YOUTH-SM - MED - LG ADULT-SM - MED - LG - XI **CIRCLE ONE**

Session (Circle One)	Dates	Time	Fee
1	6/27 - 6/29	3:30-6:00 PM	90.00
2	7/3, 7/5 - 7/6	3:30-6:00 PM	90.00
3	7/11 - 7/13	3:30-6:00 PM	90.00
4	7/18 - 7/20	3:30-6:00 PM	90.00
5	7/25 - 7/27	3:30-6:00 PM	90.00
6	8/1 - 8/3	3:30-6:00 PM	90.00
7	8/8 - 8/10	3:30-6:00 PM	90.00
6-wk sess 1	6/27 - 8/8	9:30-11:00 AM TUE & THUR	250.00
6-wk sess 2	6/26 - 8/8	9:30-11:00 AM MON & WED	250.00

ONLY ONE SESSION ALLOWED PER PARTICIPANT

SWIMMING EXPERIENCE: _____

PARENT(S) NAME(S) (print): _____

HOME ADDRESS: _____ LOCAL ADDRESS: _____

PHONE #: _____ 2ND PHONE #: _____

EMERGENCY PHONE # AND CONTACT PERSON: _____

EMAIL ADDRESS (if you wish to be included in future emails): _____

Does your child have any physical or mental disabilities that would prevent them from participating in this program? NO _____ YES _____

If yes, please explain: _____

BY SIGNING THIS REGISTRATION FORM, I HEREBY RELEASE THE BETHANY BEACH PATROL, THE TOWN OF BETHANY BEACH, AND ITS DESIGNEES FROM ANY AND ALL LIABILITY FROM MY CHILD PARTICIPATING IN THIS PROGRAM. BOTH PARENT SIGNATURES REQUIRED IF APPLICABLE.

PARENT SIGNATURE _____

PARENT SIGNATURE _____

*** Return completed form to Town of Bethany Beach, PO Box 109, Bethany Beach DE 19930 ***

For office use:

Date rec'd: _____ CHECK # _____ CASH _____ CRED _____