

Sandbridge Junior Lifeguard Camp

2019 Registration Form

CHILD'S NAME: _____

ADDRESS: _____

CHILD AGE: _____ DATE OF BIRTH: _____

PARENT/GRARDIAN NAME: _____

CONTACT PHONE NUMBER: _____

SECOND CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

Does your child have any medical conditions? Yes No
If yes, please explain _____

Does your child take any medications? Yes No
If yes, please list _____

Does your child have any allergies to food or drugs? Yes No
If yes, please explain _____

Please circle the date of camp your child is attending below:

Camp date for ages 8 - 11 yrs old (2 days, 8am - 1pm)
Monday June 17th & and Tuesday June 18th

Cost of camp is \$75.00

Youth T-shirt/Rash Guard Size _____

Camp date for ages 12-16 yrs old (4 days, 8am - 2PM)
Monday June 24th - Thursday June 27th

Cost of camp is \$125.00

Adult T-Shirt/Rash Guard Size _____

Please make checks payable to A Dolphin's Promise. All forms and payment due for all camps dates NO LATER THAN May 5th. All forms must be completed on each child attending camps. Please send completed forms and checks to 328 Tuna Lane, 23456. If you have any questions regarding camp registration contact Meyon Burns 757-619-6118 or email at meyon17@cox.net.

Sandbridge Junior Lifeguard Camp

PARTICIPANT AGREEMENT/ACKNOWLEDGMENT AND RELEASE FORM

Please read this Agreement CAREFULLY before signing.

You, the undersigned Participant, have applied to participate in "Junior Lifeguard Camp", which is conducted by the City of Virginia Beach, Department of Emergency Medical Services and A Dolphin's Promise (the "Sponsors"). You realize that the Junior Lifeguard Camp program (the "Program") may include exercises, use of safety equipment, walking, running, lifting and swimming in the ocean. Its purpose is to provide participants training in introduction to beach lifeguarding, safe water entry and uses of lifeguarding equipment. The Program is not recreational.

Participant is aware in signing this form that certain elements of the program require participation and that not all hazards and dangers associated with the activities can be foreseen. Participant understands that certain risks, dangers, and injuries, including fatality, due to acts of God, inclement weather, slipping, falling, insect bites, equipment failure, and other circumstances may exist in the program's activities. Participant recognizes that it is impossible for the sponsors to guarantee absolute safety.

Participant understands and voluntarily assumes all risks, dangers and injuries associated with participation with this program and agrees that neither the sponsors nor their officers, directors, employees, agents or other representatives in any capacity shall be responsible for any loss, damages, or injuries resulting to participant, in the absence of gross negligence imputable to the sponsors. Participant further agrees to release indemnity and hold the sponsors and their directors, officers, employees, agents and other representatives in any capacity, harmless from or for any claims, causes or action, liabilities or damages that may arise as a result of or in connection with participant's participation in the program.

Participant expressly agrees to observe all the program's safety regulations and directions as interpreted and enforced by the program's activity leaders. Participant voluntarily assumes and accepts responsibility for all risks, dangers, and injuries resulting from his/her failure to obey safety regulations and directions of activity leaders or from the exercise of judgment by such activity leaders made in good faith based on then existing circumstances.

Participant has read and understands this Participant Agreement/ACKNOWLEDGMENT and Release Form. Participant's signature(s) on this document is also intended to bind his/her/their heirs, representatives, administrators and assigns.

Participant assumes full responsibility for his/her health and certifies that he/she is free of, or will notify his/her instructors of, any medical, physical or emotional conditions which might create undue risk for participant or others. Participant agrees to exercise good judgment in regard to his/her health, safety, and well-being while participating in this program. If for any reason participant questions his/her ability to participate in the activity, participant will tell his/her instructor prior to participation.

I have signed this form on behalf of the participant listed below, and I certify that I am the parent or legal guardian of participant.

PARTICIPANT: _____

PARENT/LEGAL GUARDIAN: _____

SIGNATURE: _____ DATE: _____

**CITY OF VIRGINIA BEACH
DEPARTMENT OF EMERGENCY MEDICAL SERVICES**

**RELEASE AND
AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS**

I hereby expressly grant to the City of Virginia Beach, Department of Emergency Medical Services, Tidewater EMS Council, Inc., and A Dolphin's Promise, and its agents and assigns, the right to photograph me and use my picture, silhouette and other reproductions of my likeness (as the same may appear in any still camera photograph and/or videotape), in and in connection with the exhibition, on television or otherwise, of any videotape or videotapes in which the same may be used or incorporated, and also in the advertisement, publication or any other utilization of any such videotape, not limited to television.

I hereby represent and certify that I have read the foregoing and fully understand the meaning and effect thereof and with the intention of being legally bound thereby, I have hereto set my signature this _____ day of _____, 20____.

CHILD'S NAME: _____

PARENT GUARDIAN SIGNATURE: _____

