

Lifeguard Registration Form



STUDENT'S INFORMATION

PLEASE PRINT NEATLY

FIRST NAME _____ LAST NAME _____

AGE _____ BIRTHDATE _____

GENDER (CHECK): M _____ F _____ I'D RATHER NOT SAY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

ARE YOU AN ACTIVE YMCA MEMBER? YES _____ NO _____

If no, why? _____

Emergency Contact Name _____ PHONE # _____

EMAIL ADDRESS _____

PHONE # _____ PREFERRED METHOD OF CONTACT _____

DO YOU...(CIRCLE Y OR N):

Take any medications regularly? Y or N Please list _____

Suffer from asthma or breathing disorder? Y or N Use an inhaler? Y or N

Have any allergies? Y or N Please describe _____

Any other medical conditions that Y staff should be aware of? (list below)

How did you hear about this program? _____

CONSENT FORM

I hereby consent myself, named on registration, to participate in the Red Cross Lifeguard Certification Program and agree to release the YMCA of Avery County, team coaches and league officials from any claims that may arise from injuries suffered by my child or ward while participating in this program. Further, I authorize the YMCA of Avery County to provide emergency treatment for illness or injury of my child if qualified medical personnel consider the treatment necessary and perform the treatment. I also consent the release of photos and the name of my child as deemed necessary. I have read all of the above information AND the registration flyer and understand all aspects of the Lifeguard Program.

Participate Printed Name _____

Participate Signature _____

Parent/Guardian Printed Name (If 15 years of age) _____

Parent/Guardian Signature _____ Date _____