

Julington Creek Plantation Community Development District Junior Lifeguard Training Registration Form

| | | |
|---|----------------|--------------------------|
| Participant's Name: | Female Male | D.O.B.: |
| Name of Parent or Legal Guardian: | | Age: |
| Street Address: | | JCPCDD Card #: |
| Phone: _____ / _____ / _____ (Daytime) (Evening) (Cell) | | |
| Email: | | |
| Emergency Contact: | Phone: | |
| Important medical information: | | |
| Allergies: | | |
| Is your child attending Camp Adventure this summer: | Yes / No | If yes, what session(s): |

Please check which session you would like your child to attend Junior Lifeguard Training:

| | | |
|---|---|---|
| <input type="checkbox"/> Session One June 16 – June 27 | <input type="checkbox"/> Session Two July 14 – July 25 | <input type="checkbox"/> Session Three August 11 – August 23 |
|---|---|---|

WAIVER

I understand that Julington Creek Plantation Community Development District (JCPCDD) assumes no responsibility for injuries or illnesses that my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities of any kind whatsoever. I expressly acknowledge that I assume the risk for any and all injuries and illnesses that may result from his/her participation in these activities. In consideration of the privilege of participating in JCPCDD activities or programs, I hereby voluntarily release and discharge JCPCDD, its agents, officers, supervisors, staff, and employees from any and all claims for injury, illness, death, loss or damage of any kind whatsoever that I or my child may suffer as a result of his/her participation in these activities. I understand and agree that nothing herein is intended to be or shall be construed as a waiver of the JCPCDD's sovereign immunity or the limitations of liability found in section 768.28, Florida Statutes, or other law.

While JCPCDD will make every attempt to provide reasonable accommodations for mentally and physically challenged children, JCPCDD will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy JCPCDD programs. Any of the above reasons will be grounds for dismissal from JCPCDD programs. We strongly recommend that you discuss with JCPCDD staff any special conditions or circumstances involving your child. We request that you do this PRIOR to registration so that we can advise you as to whether we can make reasonable accommodation for your child.

I understand that JCPCDD is NOT responsible for personal property lost or stolen while members and/or program participants are using JCPCDD facilities or on JCPCDD premises.

In the event of an emergency and my emergency contact person cannot be reached, I hereby give my permission to the physician selected by JCPCDD to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

I understand that no accident or medical insurance is provided with this activity.

I give my permission to JCPCDD to use, without limitation or obligation, photographs, film footage or tape recordings that may include my child's image or voice for purposes of promoting or interpreting JCPCDD programs.

I give my permission for my child to be transported by the bus service secured by JCPCDD for related programs activities.

NAME OF APPLICANT/CHILD

SIGNATURE OF PARENT/GUARDIAN

DATE

AREA BELOW FOR OFFICE STAFF USE ONLY

| Select the <u>age group</u> and <u>session</u> the participant will be attending. | | | |
|---|---|--|--|
| Age Group: | <input type="checkbox"/> 10-12 year old 10:00am-12:00pm | <input type="checkbox"/> 13-15 year old 12:30pm-2:30pm | |
| Session/Date: | <input type="checkbox"/> Session One June 16 – June 27 | <input type="checkbox"/> Session Two July 14 – July 25 | <input type="checkbox"/> Session Three August 11 – August 23 |

| Date of Payment | Amount Due | “√” | Total Payment Amount | Check # | Amount on Check | Amount in Cash |
|-----------------|------------|-------|----------------------|---------|-----------------|----------------|
| | | Check | | | | |
| | | Cash | | | | |

Processed by: _____
Print Name

AREA BELOW FOR PROGRAMS STAFF USE ONLY

| JUNIOR LIFEGUARD TRAINING PRETEST RESULTS | | |
|--|------|------|
| Swim the front crawl for 25 yards breathing to the front or side | Pass | Fail |
| Submerge and swim a distance of 10 feet underwater | Pass | Fail |
| Tread water for 1 minute using arms and legs | Pass | Fail |
| Instructor: _____ Print Name | | |

Julington Creek Plantation Community Development District Junior Lifeguard Training Pickup Authorization Form

Child's Name:

Please list **all** possible persons permitted to check your child out from Junior Lifeguard Training. Any changes to this list must be made in person by the parent/guardian who completed this authorization form. You will need to present a driver's license to make changes.

| Name | Telephone Number | Relationship to Child |
|-------|------------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**Remember we will be checking ID at the time of pickup.
Please inform all authorized persons of this policy.
Thank you.

Print Name _____ Date _____

Signature _____ Date _____