



CFR JR. LIFEGUARD CAMP 2022 REGISTRATION FORM

(Please Print Clearly)

Camper's Name: _____ Age: _____ Gender: _____ Date of Birth: _____

School: _____ Entering Grade: _____ Parent's E-Mail Address: _____

Home Address: _____ City: _____ Zip: _____

Parent/ Guardian's Name: _____

Parent Contact Numbers: #1: _____ #2: _____ #3: _____

Person(s) to be notified in case of an emergency when parent cannot be reached, and relationship to participant:

_____ Phone #: _____

_____ Phone #: _____

☐ Yes ☐ No Will camper be walking or riding a bike to and from camp each day? **If yes, please complete the Bicycle/Walking Permission Form; campers must be at least 10 years old to walk or bike to camp.**

☐ Yes ☐ No Does camper have any allergies to food/insects/sunscreen? **If yes, please notify staff in writing.**

☐ Yes ☐ No Does camper require reasonable accommodations (per Americans with Disabilities Act) to participate in camp activities? **If yes, please notify staff of accommodations prior to the first day child attends.**

☐ Yes ☐ No Does camper need to take any medication during camp hours? **If yes, a Medication Form must be completed.**

How did you hear about us? _____

Camper's Shirt Size: (check one) ☐YS ☐YM ☐YL ☐YXL ☐AS ☐AM ☐AL ☐Other: _____

Please indicate which weeks your child will be attending this summer.

_____ Week 1 (June 13-17) Ages 8-12

_____ Week 2 (June 20-24) Ages 13-16

RELEASE OF LIABILITY

By its nature, participation in recreational activities can include a risk of injury. Consider your child's physical fitness and training, rules and regulations, safety practices and associated risks when participating in the recreational activity of your choice.

Since the City of Clearwater is not aware of my or my dependent(s) physical condition or training for various activities and in consideration of the benefits and opportunities afforded to my dependent(s) or me by participation in activities sponsored by the City of Clearwater, I state as follows:

If I or my dependent(s) should suffer an injury or illness as a participant, I authorize City representatives to use their discretion to have me or my dependent(s) transported to a medical facility for treatment and I take full responsibility for this action and agree to pay any expense incurred for this treatment. I further agree to indemnify and save and hold harmless the City of Clearwater, its employees or agents for any personal injury my dependent(s) or I might incur during participation in recreation activities.

Parent/Guardian Signature _____

Date _____

For Staff Use Only

Type of Card: ☐ Recreation Card – Exp. Date _____ ☐ No Card _____ ☐ Other _____

Total Amount Due: _____ Date Paid: _____ Receipt # _____

CFR JR. BEACH LIFEGUARD PROGRAM GUIDELINES

Parents: Due to the strenuous nature of this program and the importance of providing a safe and nurturing environment for all participants, we ask that all parents review these guidelines with their children.

Program Hours: Campers should be dropped off at Tower 0 by 10:00 a.m. and picked up no later than 3:00 p.m. To keep all our campers safe, children must be checked in and signed out each day. Children may not be picked up by anyone other than those listed on their registration forms. Please be prepared to show a government issued photo ID.

Lunch: Campers must bring their own lunch daily. Campers should also bring a water bottle each day to stay hydrated. Tower 0 has a water bottle filler for refills during the day.

Attire: Appropriate swimsuit attire must be worn as well as flip flops or water shoes. All campers will receive a camp sun shirt which should be worn over their swimsuit. A water bottle, towel and sunscreen should also be brought each day. Mark all personal gear with a permanent marker.

Lifeguard Vehicles and Watercraft: Participants will be riding in lifeguard vehicles during daily operations and be given training on the Lifeguard Personal Rescue Watercraft as a crewperson. Participants will not operate watercraft or vehicles.

Cell Phones & Electronic Devices: Please do not allow children to bring cell phones, computers, electronic devices, games, toys or other expensive items to camp. Even under close supervision, these items tend to get damaged, lost or stolen. The city assumes no responsibility for the loss or damage of these items if brought to camp.

Refund Policy: All refund requests are to be made in writing and submitted to city staff. Refunds will not be considered for requests submitted less than 10 working days before the session begins or for children suspended or expelled due to behavior problems. A \$10 processing fee will be assessed on all refunds.

Sunscreen: Children will be participating in outdoor activities daily and will be exposed to the Florida sun. To avoid sunburns, it is recommended that parents apply a waterproof sunscreen to children each day before they come to camp and send in a spray bottle of sunscreen (labeled with the child's name) for later applications. Staff is not responsible for applying sunscreen to the children but will assist when needed.

Parent/Guardian, signing below verifies that you understand the above information and have received a Parent Packet.

Parent/Guardian Name (Please Print)

Child/Camper Name (Please Print)

Parent/Guardian Signature

Date