

PLEASE PRINT CLEARLY • USE BLACK INK ONLY!

CONDITIONING CLASS APPLICATION

PARENT/GUARDIAN

LAST NAME _____ FIRST NAME _____

DRIVERS LIC # _____ E-MAIL ADDRESS _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ WORK PHONE () _____ OTHER PHONE () _____

PARTICIPANT

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH ____/____/____

HISTORY OF MEDICAL PROBLEMS _____

GENDER: MALE FEMALE

This field cannot be left blank! If the participant has no medical problems then you must write the word NONE!

SELECT A CLASS, LOCATION, AND DATE

1-Hour long GROUP LESSONS \$45.00 PER LESSON

- | | | |
|---|--|--|
| Sunday May 23rd at Crown Valley Community Park Pool, Laguna Niguel | <input type="checkbox"/> 5-6 pm | <input type="checkbox"/> 6-7 pm |
| Sunday June 6th at Irvine Aquatics Center, Irvine | <input type="checkbox"/> 10:30-11:30am | <input type="checkbox"/> 11:30-12:30pm |
| Sunday June 13th at Crown Valley Community Park Pool, Laguna Niguel | <input type="checkbox"/> 5-6 pm | <input type="checkbox"/> 6-7 pm |
| Saturday June 19th at McGaugh School Pool, Seal Beach | <input type="checkbox"/> 1:00-2:00pm | <input type="checkbox"/> 2:00-3:00pm |
| Sunday July 18th at Irvine Aquatics Center, Irvine | <input type="checkbox"/> 10:30-11:30am | <input type="checkbox"/> 11:30-12:30pm |

McGaugh School Pool
Seal Beach Blvd and Bolsa Ave
Seal Beach

Crown Valley Community Park
29751 Crown Valley Parkway
Laguna Niguel

Irvine Aquatics Center
4601 Walnut Ave
Irvine

Please charge \$ _____ to my credit card # _____

Exp. Date ____/____/____ Signature _____

Amount Enclosed: \$ _____

RELEASE AND HOLD HARMLESS AGREEMENT / AUTHORIZATION FOR TREATMENT OF MINOR

For and in consideration of the participation in all California Junior Lifeguard Programs and/or Super Surf Camps, and with complete understanding that said participant shall take a physical test of swimming skills and also will engage in various physical activities on the beaches and waters of the Pacific Ocean, I/we, the undersigned (father and mother and /or guardian) of said participant, a minor, do forever release, acquit, discharge, and hold harmless California Junior Lifeguard Programs Inc., U.S. Ocean Safety, County of Orange, the State of California, the City of Laguna Niguel, City of Seal Beach, Mission Viejo Swim and Racquet Club, Los Caballeros Sports Village its successors, officers, employees, volunteers, servants and agents from any and all action, causes of actions, claims, demands, damages, costs, loss of service, expenses and compensation, on account of or in any way growing out of any and all known and unknown personal injuries and property damage which we may not or hereafter have as parents and/or guardians of said minor, and also all claims or rights of action for damages which the said minor has or may hereafter have, either before or after he has received his majority, resulting or to result from of in connection with or participation in and/or arising out of travel to or returning from said program whether or not due to the negligence, act or failure to act of any California Junior Lifeguard Program or Super Surf Camp employee, officer or director. The participant and his/her parent or guardian hereby irrevocably waive the right to file any complaint or proceeding with any state or federal court and agree that any dispute relating to any matter within the scope of this application or program which they are unable to resolve to their mutual satisfaction will be submitted for resolution to a single arbitrator, acceptable to both parties, operating under the rules of the American Arbitration Association, whose decision shall be binding and non appealable and any arbitration costs will be borne equally by all parties. California Junior Lifeguard Programs Inc. reserves the right to use negatives and/or reproductions of photos and or videos to be used in displays, promotions or other purposes. We the undersigned, hereby acknowledge to be the lawful parents and/or guardian of the above mentioned minor and we therefore, acknowledge our qualifications to sign the agreement on the behalf of the said minor. Furthermore, in accordance with Chapter 1524, Section 25.8 of the Civil Code of California, I/we give authorization to any physician or surgeon, licensed under the provision of Medical Profession Act, for the said participant to receive medical care and/or emergency treatment when necessary. Any expenditure for care and treatment is my responsibility.

Signature of parent or guardian **(REQUIRED)**

Print Name

Date Signed

Signature of Parent and/or Guardian (if participant is under 18) are required for attendance

FOR OFFICE USE ONLY

PAYMENT TYPE: CREDIT CARD CHECK (# _____) CASH RECEIVED BY: _____

NOTES: _____

T/O Date ____/____/____ Swim Time: ____:____ Initials: _____ Tread: Underwater: DB: _____