



2014 Captain Application Form

OFFICIAL USE ONLY

Last Name _____, First Name _____

Sex: M F	D.O.B.:	Age first day of session:	
Health Concerns? Yes No If yes, please explain:			
Parent/Guardian Name:		Parent/Guardian Name:	
Phone	Home:	Phone	Home:
	Work:		Work:
	Cell:		Cell:
Address:			
City:		State:	Zip:
E-mail Address:			

Emergency Contact Information

Name:	Relationship:	Phone:
Doctor's Name:		Phone:



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UNIFORM ITEMS INCLUDED (Please circle appropriate size)

T-SHIRT (blue with IBJG logo)	YOUTH: M L XL	ADULT: S M L XL
RASH GUARD (blue with IBJG logo)	YOUTH: L XL	ADULT: S M L XL
BOARDSHORTS	GIRLS: 1 3 5 7 9 11 13	BOYS: 24 26 28 30 32 34 36
HAT	S/M	L/XL

ADDITIONAL UNIFORM ITEMS FOR PURCHASE (Optional)

ITEM	SIZE	SIZE	QTY	PRICE	Total
T-Shirt	YOUTH: M L XL	ADULT: S M L XL		\$10	
Rash Guard	YOUTH: L XL	ADULT: S M L XL		\$25	
Boardshorts	GIRLS: 1 3 5 7 9 11 13	BOYS: 24 26 28 30 32 34 36		\$ 25	
Sweatshirt	YOUTH: S M L XL	ADULT: M L XL		\$23	
Hat	S/M	L/XL		\$20	
TOTAL					

NOTE: Uniforms are a requirement of the program and must be worn at all times. Uniform items that are included in the cost of the program consist of a Junior Lifeguard t-shirt, blue swim trunks, rash guard and hat. Girls are required to wear a blue one piece swim suit that is appropriate in appearance. Any additional uniform items are available for purchase with the use of this form.



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Imperial Beach Junior Lifeguard Program Parent Handbook Acknowledgement, Release of Liability, Authorization to Treat a Minor, and Video-Photo Release Form

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Imperial Beach Junior Lifeguard Release of Liability

I agree to assume all risks and hold harmless from any liability and any claim, including negligence and carelessness, the City of Imperial Beach ("City"), San Diego Unified Port District ("Port"), Imperial Beach Junior Lifeguard Program, all other City or Port agencies and any of their agents, servants, volunteers, or employees, by reason of any accident, death, injury, or any damages to persons or property which I or my child may incur while participating in any transportation provided by and activity sponsored by the Imperial Beach Junior Lifeguard Program. I further understand that serious accidents or death can occur during aquatic and marine activities; and that participants in aquatic and marine activities occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risk of aquatic and marine activities (swimming, surfing, lifesaving, canoeing, body surfing, body boarding, competition, and the like), nevertheless, I hereby agree to assume on my behalf and on behalf of my child those risks and to release and hold harmless all of the persons or entities mentioned above who might otherwise be liable to me, my child, my heirs or assigns, or my child's heirs or assigns for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I also agree to pay all costs incident to any such claim including, without limitation, attorney's fees, and agree to assume responsibility for any property damage or injury to any person caused by me or my child while participating in any activity sponsored by the Imperial Beach Junior Lifeguard Program.

Authorization to Treat a Minor

I, the parent or legal guardian of the child listed, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical treatment, medical examination, and/or diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of California Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may be advisable for my child. Further I understand that my child will be participating in inherently dangerous activities i.e. (swimming, running, surfing, sailing, canoeing, boogie boarding, competitions, and the like) and agree to pay for my child's medical expenses. I understand that every effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the provisions of the California Civil Code and Family Code. This consent shall remain in effect until December 1, of the subject year. Furthermore, I have listed all medical conditions and/or concerns in the Emergency Contact and Medical History section of the Application.

Video-Photo Release

I understand that during the Junior Lifeguard Program or related activities, my photograph and/or the photograph of my child may be taken by the Junior Lifeguard Program, producers, sponsors, organizer, and/or assigns. I agree that my photograph and/or the photograph of my child, including video photography, film photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by the City of Imperial Beach, its producers, sponsors, organizers and/or its assigns for educational, promotional, and/or other necessary purposes.



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Imperial Beach Junior Lifeguard Program Parent Handbook Acknowledgement, Release of Liability, Authorization to Treat a Minor, and Video-Photo Release Form

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Please Initial and Sign Below:

_____ I have read, understand and approve the **RELEASE FROM LIABILITY** and the **VIDEO-PHOTO RELEASE**

_____ I have read, understand and approve the **AUTHORIZATION TO TREAT A MINOR** with any restrictions, all medical conditions, and/or concerns that I have listed in the **Emergency Contact and Medical History** section of the **Application**.

_____ I understand neither I nor my child can participate in any program activities until all fees have been paid in full.

_____ I understand that if I do not initial to approve the **RELEASE FROM LIABILITY** and the **AUTHORIZATION TO TREAT A MINOR** and if I refuse to sign this document, the Junior Lifeguard Program will not be able to process my or my child's application.

I hereby declare under penalty of perjury that I am the parent or legal guardian and have read, understood and approve the **RELEASE FROM LIABILITY, AUTHORIZATION TO TREAT A MINOR, AND VIDEO-PHOTO RELEASE**, and that I have read and reviewed the **Parent Handbook** (downloadable from the website or available at the Lifeguard Headquarters) with the applicant and we understand and agree to the **Terms of Enrollment, Uniform Policy, IBJG Code of Conduct Orders, Discipline Policy, Refund Policy**, and the **Payment Policy** (found in the **Parent Handbook**). As the parent/guardian of the applicant listed below, I guarantee that the information in the application accompanying this Form is accurate and true to the best of my knowledge.

Name of Applicant (one applicant per Form)

Applicant's Date of Birth

Parent and/or Guardian (Printed Name)

Parent and/or Guardian Signature

Date

Please mail paperwork and payments to:
Imperial Beach Finance Department
825 Imperial Beach Blvd
Imperial Beach CA 91932



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Additional Waiver Form

In the case that conditions are too hazardous for the Imperial Beach Junior Lifeguard Program to take place on the beach, we will sponsor a Bay Day at the Crown Cove Aquatics Center. You MUST fill out their Release in order for your child to participate, otherwise your child will be sent home that day. Please fill this out for our records and so that it doesn't become a last minute rush as they do not accept the IBJG Release. Thank you!

Southwestern Community College District
Crown Cove Aquatic Center
5000 Highway 75
Coronado, California 92118
(619) 575 – 6176

Health History & Medical Authorization

_____	_____	_____	_____	_____	(M)(F) Sex
Last Name	First Name	Initial	Birth Date	Age	
_____		_____	_____	_____	_____
Street Address		City	State	Zip	
_____		_____	_____	_____	
Name of Parent or Guardian		Home Phone	Work Phone	Cell Phone	
_____		_____	_____	_____	
Name of Other Emergency Contact		Emergency Phone	E-mail		
_____		_____	_____		

Medical Authorization

I do hereby authorize any Southwestern Community College District or California Department of Parks & Recreation representative or board certified physician or surgeon as agent for the undersigned, to consent with respect to any x-ray, anesthetic, dental or surgical diagnosis of treatment or hospital care deemed advisable by, and rendered under the general or special supervision of any board certified physician or surgeon, be it in or out of an office or hospital. I understand that Southwestern Community College District, California Department of Parks & Recreation, California Department of Boating & Waterways, their staff, officers or directors are not responsible for any cost incurred on my or my assigns behalf for medical care as a participant in any part of the program, whether as a volunteer aid or instructor, or as a spectator or participant.

Moreover, to my knowledge there are no existing conditions that would preclude participation by the above named in any aquatic sports activity.

_____	_____	_____
Participant's Signature	Printed Name	Date
_____	_____	_____
Parent / Guardian Signature	Printed Name	Date

Health History (Circle if Applicable)

- | | | |
|---------------------|-------------------------|-------------------|
| *Asthma | Recent Hospitalization | Allergies: |
| *Seizures | *Now Under Doctors Care | Hay Fever |
| *Heart Problems | Tuberculosis | Food Products |
| *Congenital Defects | Chicken Pox | Bee Sting |
| *Diabetes | German Measles | Animals |
| ADD/ADHD | Other Measles | Drugs |

*** Requires a doctor's written authorization to participate**

Please provide additional information on circled items

_____	_____	_____	_____
Participants Signature	Date	Parent / Guardian Signature	Date

