

**LAVALLETTE BEACH PATROL**  
**Philadelphia Ave and the Ocean**  
**Lavallette, New Jersey 08735**  
**732-793-2566**

Dear Parent or Guardian:

The Lavallette Beach Patrol will again offer summer swim programs for our children. There will be two different programs. These programs are designed to instruct community youth in beach and ocean safety and to improve swimming skills.

**SWIMMING LESSONS**

Ages: 5 thru 10 All levels of ability. Children placed accordingly

Dates: June 28 to August 8th

Times: Starting at 9:00 am until 12:00. 30 minute sessions by ability, Two days/week

Location: Reese Ave Bay Beach

**JUNIOR LIFEGUARDS**

Ages: 13 to 15 with good swimming ability. Must be able to swim 100 yards non-stop.

Dates: July 1st to July 31st

Times: 10:30 to 11:30 am Tuesdays and Thursdays

Location: Philadelphia Ave Ocean Beach

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**APPLICATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact & Phone # \_\_\_\_\_

Program: \_\_\_\_\_

Level of ability: Beginner Intermediate Advance

Last summers program and level (if applicable) \_\_\_\_\_

**PLEASE ALSO COMPLETE THE REVERSE OF THIS PAGE - Return to the  
Lavallette Badge Office.**

**AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR**

We, the undersign, parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby give our consent for our minor child to perform the duties of lifeguard for the Lavallette Beach Patrol, knowing the risks that rescue work in the ocean surf can present. We also authorize all representatives of the Lavallette Beach Patrol as agent(s) for the undersign, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by and rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act or the medical staff of any accredited hospital, whether such diagnosis or treatment is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to the part of our fore said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

It is understood that effort shall be made to contact the undersigned prior to the rendering of treatment to the patient, but that none of the above treatment shall be withheld if the undersign cannot be reached.

The authorization shall remain effective through August unless sooner revoked in writing and delivered to said agent(s).

DATE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

PARENT(S) OR GUARDIAN(S) SIGNATURE \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

SUMMER ADDRESS & PHONE \_\_\_\_\_

Please state any medical problems. Please include doctor's name and phone #

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**RELEASE OF LIABILITY**

I hereby release the Borough of Lavallette, the officers and staff of the Lavallette Beach Patrol, and each of its officers, agents, and employees from any liability or any injury to any child that might result from any accident during my child's participation in any part of the Summer Swim Programs. I also understand that any behavior unbecoming will result in my child being dropped from the program.

PARENT(S) OR GUARDIAN(S) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_