

**CITY OF MINERAL WELLS
PARKS AND RECREATION DEPARTMENT
2022 JUNIOR LIFEGUARDING**

REGISTRATION FORM

Participant's Name: _____

Street Address: _____ City: _____

Zip Code: _____ Home/Cell Phone: _____

Age (as of 7/25/2022): _____ Date of Birth: ____/____/____

Female _____

Male _____

School Attending: _____ Grade: _____

City: _____

Guardian's Name(s): _____

Guardian's daytime phone number(s): _____

In consideration for my child being permitted to participate in Junior Lifeguarding, I as legal guardian and on behalf of my heirs, executors and administrators, waive and release any and all rights for claims that I may have, or might arise against the City of Mineral Wells or The American Red Cross and agents or representatives of all of the above entities for all injuries or losses sustained by me or my child while participating in or in connection with The Guard Start program. I understand that I have the right to withhold my child's participation in any conditions that appear to be unsafe.

Guardian's Signature

Does the child have any medical problems that could arise or occur? If so, list below:

If the guardian(s) listed above cannot be reached in case of medical emergency, please list the name and phone number of someone to call in that case.

Receipt # _____ P.A.R.D. Representative's Initials _____

A fee of \$50.00 must accompany this form.