

**KURE BEACH JUNIOR LIFEGUARD CAMP  
REGISTRATION FORM  
One Application per Child**

.....

NAME: \_\_\_\_\_ AGE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ GENDER: MALE / FEMALE

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PHONE \_\_\_\_\_ Email \_\_\_\_\_

Dates Attending(circle): JUNE camp JULY camp AUG camp

Emergency Contact Information \_\_\_\_\_

CHILD SHIRT SIZE: CHILD..... SMALL / MEDIUM / LARGE  
ADULT..... SMALL / MEDIUM

.....

Registration Fee is \$180 per child/\$270 for 2 children in the same family/\$370 for 3  
For two Camps \$260 per child/\$470 for 2 children in the same family/\$670 for 3  
For all Camps \$360 per child/\$670 for 2 children in the same family/\$870 for 3

METHOD OF PAYMENT: CASH / CHECK: Kure Beach Fire Department  
AMOUNT RECEIVED: \_\_\_\_\_ ON DATE: \_\_\_\_\_

.....

**MEDICAL CONSENT RELEASE**

We/I hereby authorize Kure Beach Lifeguards or any representatives associated with this organization, if after reasonable attempt has been made to reach the designated parent/guardian named above to consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment or hospital care, to be tendered to the Guard under the general or special supervision and on the advise of any physician, dentist, or surgeon duly licensed to practice, be indeed rendered to the Registrant.

X \_\_\_\_\_ X \_\_\_\_\_  
Parent/Legal Guardian Print Name Parent/Legal Guardian signature DATE