

**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/ XL
ADULT..... SMALL / MEDIUM / LARGE/ XL

.....

Registration Fee is \$120 per child/\$200 for 2 children in the same family/\$300 for 3
For two Camps \$200 per child/\$400 for 2 children in the same family/\$600 for 3
For all Camps \$300 per child/\$600 for 2 children in the same family/\$800 for 3

METHOD OF PAYMENT: CASH / MONEY ORDER / CHECK

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 _____
Parent/Legal Guardian Print Name

X _____
Parent/Legal Guardian signature

DATE