Miami Beach Ocean Rescue Jr. Lifeguard

Registration Form

Name:

Address:

City,State,Zip:

Phone:_____Sex____Age____Date of Birth_____

PLEASE CIRCLE AGE APPROPRIATE SESSION/WEEK OF INTEREST:

(1st,date 11-15 July;age 8-10) (2nd, date 18-22 July;age 11-13)

Parents name or legal guardian: email:

Physician's name: phone:

Person to contact in case of emergency other than listed above:

Name: Phone:

Address:

Are there any activities your child cannot take part of in due to medical and any other reason?
If yes, please explain:

Any medication taken? Name and type:

Please add any other information which would be useful in helping us to provide your child with a good recreation experience or information which we should be aware of:

Please make a check or money order payable to: City of Miami Beach for Residents $100/Non-Residents $130. No cash please.

Please complete form and send or drop off with check or money order at:

Miami Beach Ocean Rescue
Att: Jr.Lifeguards
1001 Ocean Drive
Miami Beach,FL-33139
Phone: 305/673-7714
Cell:954-326-8763