



# Village of Westhampton Beach Junior Lifeguard Clinic 2024

165 Mill Road  
Westhampton Beach, New York 11978

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**Description:** This 4-day course is intended for aspiring lifeguards ages 11-16. Junior lifeguards will learn about ocean water safety as well as rescue techniques in a fun environment. Our own certified guards will provide hands-on instructional and water activities consistent with New York State Ocean lifeguard requirements. Some of the topics and activities covered will include ocean awareness, age appropriate water rescue techniques, team building, and friendly competitions. Junior guards will also have the opportunity to be part of an intra-squad Village Junior Lifeguard tournament. This course is not designed to teach swimming, as such, participants must be confident ocean swimmers and demonstrate a positive attitude. All participants will be given an initial evaluation held on the 1<sup>st</sup> day.

Parents are welcome to park in the lot without a sticker on the days of the classes anytime between 8AM and 12PM.

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**Who Can Sign up?** There will be 2 age groups; 11-12 and 13-16

**Course Dates:** [Monday-Thursday August 5th, 6th, 7th, 8th.](#)  
Severe Weather makeup date (if needed): [Friday, August 9](#)

**Location:** Rogers Beach

**Time:**  
9:00 – 11:00 a.m.

**Cost:** \$85 for four classes (includes t-shirt & tournament day)

**Pre-Requisite:** Participants will be evaluated on the first day. Participants should be able to swim 100 yards in 2 minutes; tread water for 3 minutes; and swim underwater for 25 yards.



# Village of Westhampton Beach Junior Lifeguard Clinic 2024 Registration Form and Program Waiver

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(Please PRINT the following information)

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

(print name clearly, as you would like it to appear on the certificate)

Parent/Guardian Name: \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

## **EMERGENCY CONTACT:**

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

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1. Does your child have any health problems, allergies or special needs we should be aware of? If so, please specify: \_\_\_\_\_

2. What type of transportation will your child have? Please list (e.g. Parent, Grandparent, sibling, walk, bike, etc.) If biking, parent/guardian must provide letter of consent to village. \_\_\_\_\_

**\*\*Please note\*\*** If anyone other than a parent or legal guardian may be dropping off or picking up your child, please list his or her name(s):

**WAIVER:**

I, by my signature, do agree and understand that anyone who participates in a program sponsored by the Village of Westhampton Beach do so at their own risk. I further understand and agree that I have checked all program descriptions and I am sure that my child's physical condition and skill dictate the participation may be done safely. Should my child become injured while participating in this program, I understand that the Village of Westhampton Beach or its agents shall not be liable for any injury, either personal or to property, or any expenses, costs or other damages that may be associated therewith.

Child Name: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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Westhampton Beach, New York 11978  
(631) 288-1654  
[www.westhamptonbeach.org](http://www.westhamptonbeach.org)