



Village of Westhampton Beach Junior Lifeguard Clinic 2022 Registration Form and Program Waiver

(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: _____

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: _____

Village of Westhampton Beach
165 Mill Road
Westhampton Beach, New York 11978
(631) 288-1654
www.westhamptonbeach.org