PALOS VERDES BEACH AND ATHLETIC CLUB JUNIOR LIFEGUARD PREP REGISTRATION FORM

(Please Print)			
Student's Last Name	Stude	nt's First Name	
Address	City_	Z	Zip
DOB Age of Student		Home Phone	
Parent Parent's	Cell Phone	E-Mail	
Days: M/W	т/тн 🗌	Time: 3:30 4:3	5:30
Payment: Amount \$195 \$230	\$250	Cash Check	
EMERGENCY CONTACT: Please list who may be contacted if we are unable to			d, neighbor or parent at work
Name		Telephone	
JR GUARDS In consideration of using the Palos Ve 1. Agree prior to using the PVBAC f believe anything is unsafe, you w 2. Acknowledge and fully understan resolve in permanent disability or actions or negligence of others, b PVBAC or not reasonably foresee 3. Assume all the foregoing risks an permanent disability or death. 4. Release, waive, discharge and co agents, coaches, and other emplo activities of PVBAC, all of which a on account of injury, including, bu whole or in part by your acts or or otherwise.	rdes Beach and Athlet acilities, you will inspecial immediately advise to that you will be engated death, and in social arout from the condition of eable at this time. In accept responsibility powerient not to sue Proyees of PVBAC, and care here in after referrent not limited to, disabi	ct the facilities and equipmed the management of PVBA ging in activities that involved economic losses which of the premises. Further, the for any damages following ABAC, its affiliates, admin by the country of the decoration of	ck level only, the undersigned: nent to be used, and if you aC. live risk of injury, which may might result not only from your here may be risks not known to ag and/or caused by such injury istrators, directors, members, a premises used to conduct the a demands, losses, or damage sed or alleged to be caused in
THE UNDERSIGNED HAVE READ GIVEN UP SUBSTA STUDENT'S NAME		R AND RELEASE, UNDI GNING IT AND SIGN IT	
	(PRIN	Т)	
PARENT OR GUARDIAN			
	(PRIN	IT)	

(SIGNATURE)