



## 2016 REGISTRATION FORM Lifeguard Trainee Try-Out

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

Last

First

Middle

BIRTH DATE: \_\_\_\_\_ E MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street

City

State

Zip

TELEPHONE: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Telephone: \_\_\_\_\_

### CITY OF NEWPORT BEACH Release of Liability & Waiver

I am aware that participation in the 2016 Lifeguard Trainee try-out is a dangerous activity conducted in an uncontrolled natural environment and I am voluntarily participating in this activity with the full knowledge of the inherent dangers in such a setting and hereby agree to accept any and all risk of injury. I also agree to defend, indemnify and hold harmless the City of Newport Beach, its officers, agents or employees from any liability or claim or action for damages resulting from, or in any way arising out of, the participation in the try-out.

Activity Name: **LIFEGUARD TRAINEE TRY-OUT**

Date and time of activity: **SUNDAY, MARCH 13, 2016 8:30 AM**

**Important:** If under the age of 18 this Form must be signed by a Parent or Legal Guardian.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*THIS FORM MUST BE SIGNED AND TURNED IN AT TRY-OUTS ON MARCH 13, 2016  
IN ORDER TO PARTICIPATE.**