

**Spring Lake Junior Lifeguard
Tournament Registration**
July 13, 2017

Child's Name: _____

Town/Team: _____

Phone Number: (_____) _____ - _____

Group (*circle one*): C (9-11) B (12-13) A (14-15) AA (16-18)

Date: Thursday, July 13, 2017

Location: Spring Lake Beach, South End Pavilion (*Atlantic Avenue*)

Registration: 8:00am Tournament Start: 9:00am

Tournament Fee: \$20 before July 8th, \$25(cash only) day of competition
(T-shirt sizes are not needed; apparel to be handed out to competitors the day of the event)

All pre-registration checks/vouchers must be payable to:

**Spring Lake Borough
423 Warren Avenue
PO Box 638
Spring Lake, NJ 07762**

Contact persons: Tom Bateman (trbate@verizon.net)
Kevin Lenk (kevonnj@gmail.com)

Release: In consideration of the above named child being permitted to participate in the Spring Lake Junior Lifeguard Tournament, I hereby waive and release any and all rights and claims of damages that I may have against the Tournament, the Program Coordinator and co-directors or their assistants, the town of Spring Lake, their representatives and agents, or anyone connected with this tournament in any manner, for any and all injuries suffered by my child while participating in the tournament. I, as the parent/guardian of the child listed above agree to these terms. In addition, I certify that all of the information that is listed above is correct to the best of my knowledge.

Parent, Guardian Signature: _____ Date: ____ / ____ / ____