

CITY OF PORT HUENEME 2019 JR. LIFEGUARD REGISTRATION

SESSION 1. June 24 – July 19

SESSION 2. July 22 – August 16

Past participant in this program

New to this program

CHILD INFORMATION – ONE CHILD PER FORM

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____ Age: ____ Gender: Male Female

HISTORY OF MEDICAL PROBLEMS/MEDICATIONS: (if none, write “none” below)

Explain: _____

PARENT / GUARDIAN INFORMATION

(Please **X** 1st point of contact & best number to reach you)

Parent: _____ Parent: _____

Email: _____ Email: _____

Work: () _____ Work: () _____

Cell: () _____ Cell: () _____

I want my name, zip code, email and telephone number published to assist parents in forming carpools.

EMERGENCY CONTACT – in case parent cannot be reached

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

FEES

PORT HUENEME RESIDENT

\$ 225

NON-RESIDENT

\$ 325 \$ _____

ADDITIONAL SIBLING (non resident only)

Deduct \$30

(NAME) _____ \$ _____

Make checks payable to CITY OF PORT HUENEME - TOTAL ENCLOSED \$ _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Residency Verified by _____ CASH CHECK # _____ TOTAL PAID \$ _____

CASH CHECK # _____ TOTAL PAID \$ _____