

# AVON JUNIOR LIFEGUARDS 2009

NAME \_\_\_\_\_  
PARENT / GUARDIAN \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/ ST / ZIP \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
PHONE – BEST \_\_\_\_\_  
PHONE – OTHER \_\_\_\_\_  
EMAIL \_\_\_\_\_

## UNIFORM SIZES – CIRCLE ONE SIZE FOR EACH ITEM

Shorts: Youth S, M, L OR Adult S, M, L, XL, XXL  
Rashguards: Adult XS, S, M, L, XL, XXL

By signing and returning this form, I hereby agree to permit my child to participate in the activity indicated above. Further, I agree to assume responsibility and liability for any injury or illness resulting from said activity. My child is to properly conduct him or herself and obey all of the instructions given by the Junior Guard Instructors.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

## EMERGENCY INFORMATION:

Please indicate the names, addresses and phone numbers of the two people to be notified in case of an emergency. In an extreme emergency the Avon First Aid will be called.

1. \_\_\_\_\_  
Name Address Phone
2. \_\_\_\_\_  
Name Address Phone

If there is any medical information you believe the instructors should be aware of please indicate below.

\_\_\_\_\_  
\_\_\_\_\_

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