

2014 Junior Guards Registration
Please fill out one form for each child you are registering.

Child's Name: _____ Child's Birthdate: _____

Address: _____

Parent's Name(s): _____

Home/Cell Phone(s): _____ Work/Other Phone(s): _____

IMPORTANT! To receive alerts, newsletters, & info from the program, please provide us with your

E-Mail Address(s): _____

Child's T-shirt size (Youth or Adult): _____

Price for 1st Session (5 weeks): Residents: \$242 / Non-residents: \$275

Price for 2nd Session (4 weeks): Residents: \$192 / Non-residents: \$220

Price for Captains Corps: All participants: \$130 per session or \$250 all summer

Price for Entire Group Picture: \$12 each session

Session 1: June 16 - July 18

Mornings

Enter price:

#2001.400	Captains, All Summer	16-17 years	Mon - Fri	9 am - noon	
#2001.401	Captains, 1st Session only	16-17 years	Mon - Fri	9 am - noon	
#2002.401	Group A	14-15 years	Mon - Fri	9 am - noon	
#2003.401	Group B	12-13 years	Mon - Fri	9 am - noon	
#2008.401	C's: Competitive 11 years only	11 years	Mon - Fri	9 am - noon	
#2011.401	Little Guards	6-8 years	Mon - Fri	9 am - noon	

Afternoons

#2004.401	Group C	9-11 years	Mon - Fri	1-4 pm	
#2005.401	Little Guards	6 years	Mon - Fri	1-4 pm	
#2006.401	Little Guards	7 years	Mon - Fri	1-4 pm	
#2007.401	Little Guards	8 years	Mon - Fri	1-4 pm	
#2015.401	Session 1 Entire Group Photo				
				Total Due:	

Session 2: July 21 - August 15

Mornings

Enter price:

#2001.402	Captains, 2nd Session only	16-17 years	Mon - Fri	9 am - noon	
#2002.402	Group A	14-15 years	Mon - Fri	9 am - noon	
#2003.402	Group B	12-13 years	Mon - Fri	9 am - noon	
#2008.402	Group C	9-11 years	Mon - Fri	9 am - noon	
#2011.402	Little Guards	6-8 years	Mon - Fri	9 am - noon	

Afternoons

#2004.402	Group C	9-11 years	Mon - Fri	1-4 pm	
#2005.402	Little Guards	6 years	Mon - Fri	1-4 pm	
#2006.402	Little Guards	7 years	Mon - Fri	1-4 pm	
#2007.402	Little Guards	8 years	Mon - Fri	1-4 pm	
#2015.402	Session 2 Entire Group Photo				
				Total Due:	

***** CITY OF CAPITOLA JUNIOR GUARDS REFUND POLICY
PLEASE READ BEFORE SIGNING UP *****

Please realize that the recreation department has to arrange staffing, supplies and equipment needs for the entire summer at the beginning of the summer; refunds can have, and have had, a significant impact on the program and staff.

Please be sure your child wants to attend before signing him or her up, especially for both sessions. **If your child is unsure about Session 2, please wait to register until later in the summer; we will guarantee a spot for your child in Session 2 if he or she is enrolled in Session 1.**

Please review the refund policies outlined below before registering:

- There is a \$50 fee for refunds given prior to May 30th for Session 1 and July 3rd for Session 2.
- A refund, less 50% of the fees, will be given if requested June 2 – June 17 for Session 1 and July 7 – July 22 for Session 2 (this is the 2 weeks prior to the start of the program and through the second day of the program).
- After the second day of the program, no refunds will be given.
- Student injuries that occur during the program that preclude the student's continuation in the program will be given a pro-rated refund based upon the remaining number of days in the program, including the date of injury. You may be required to provide documentation regarding an injury.
- There is no refund of fees for students who are suspended or removed from the program for disciplinary reasons.

Please read the following statement and sign below:

I have been informed of the Junior Lifeguard program refund policy. In signing below, I, the undersigned, in consideration of my child's participation in the Junior Lifeguard program, agree to abide by the terms of the refund policy. I understand that the recreation department staff are City employees who are following the policies of the City and are not empowered to change the rules, nor to make exceptions to the policy.

Parent/Guardian's Signature: _____ Date: _____

City of Capitola Recreation Department
Medical Release Form
Junior Guards 2014

I/We, the undersigned, parent(s) of _____, a minor, do hereby authorize the Capitola Recreation Department, as agents for the undersigned, to call 911 or to transport my child to an emergency care facility, to have certified staff perform rescue breathing or C.P.R. to maintain basic life support, and to authorize medical or surgical care/treatment for my child should an emergency arise where such service is indicated. I/We further authorize the Capitola Recreation Department staff to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medicine Practice Act or dentist licensed under the Dental Practice Act on the medical staff of any hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I understand that head, neck or back injuries will be treated according to C-spine injury guidelines (backboard, immobilization, call 911) by the City lifeguard staff, and that if my child is otherwise assessed as critically injured or in a life-threatening situation, 911 will be called immediately. The Junior Guards staff will attempt to notify the parents, or, if unavailable, the emergency contacts, at the phone numbers listed on the back of this form in case of any injury.

It is understood that this authorization pursuant to the provisions of Section 25.8 of the Civil Code of California is given in advance of any specific diagnosis, treatment, or hospital care, which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

I/We hereby authorize any hospital to provide treatment to the above-mentioned minor and to surrender physical custody of such minor to the above-named agent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California and Section 25.8 of the Civil Code of California.

This authorization shall remain effective through August 15, 2014, unless sooner revoked in writing and delivered to said agent(s).

In addition, the undersigned, in consideration of participation in this program, agrees to indemnify, hold harmless, and release the Capitola Recreation Department staff and the City of Capitola from any and all liability for any injury or loss which may be suffered by the above-named individual registered in this program, arising out of or in any way connected with participation in this program.

I have read the above agreement and fully understand that I assume all risks for any injuries my child receives while participating in a Capitola Recreation program.

Parent/Guardian Signature

Date

Capitola Recreation Emergency Medical Information

JR GUARDS 2014	WRITE INFORMATION IN THIS COLUMN
Child's Name:	
Date of Birth:	
Home Address:	
Home/Cell Phone(s):	
Parent's Name(s):	
Father's Work Phone:	
Mother's Work Phone:	
Others to Call:	
Name, phone & relationship of anyone else authorized to make medical decisions for the child	
Has child had tetanus shot within last 5 years?	
Allergies, reactions or dietary restrictions:	
Description of any current physical, mental, psychological conditions requiring medication, treatment, or special restrictions, considerations or adaptations while at Guards	
Description of past medical treatments	
Description of any camp activities from which the camper should be restricted or exempted for health reasons	
Additional Comments:	

**City of Capitola Recreation Department
Junior Lifeguards 2014
Drop-Off / Pick-Up Agreement**

Child's Name: _____

The Morning Session runs from 9:00 a.m. to noon; the Afternoon Session runs from 1-4 p.m. The time from noon until 1:00 is set aside for instructors to rest and have lunch. Please be on time when dropping off and picking up your child; remember that this is summer in Capitola Village – there will be a lot of traffic, traffic is slow, and parking is for the most part not available – so plan on extra time when picking up your child. Because of the number of children at the beach, and the intensity of the traffic, it is difficult for the staff to check children in and out as rigorously as we can in other programs; if you have a specific concern, please talk to the program Coordinator.

The following people are authorized to pick up my child (please include yourself):

Name	Phone Number(s)	Relationship

Please describe any other arrangements made for your child (my child will ride his bike, take the bus, walk home, etc., to and from the Program:

Please read the following statement and sign below:

I have been informed of the Junior Lifeguard program hours and understand that it is my responsibility to drop off and pick up my child on time. I, the undersigned, in consideration of my child's participation in the Junior Lifeguard program, agree to indemnify, hold harmless, and release the Capitola Recreation Department, the City of Capitola, and all Capitola City staff from any and all liability for any injury or loss which may be suffered by the above-named individual (child or children) in the case that I arrive late to pick up my child or if my child does not follow the drop-off / pick-up agreement as outlined above. I understand also, that failure to comply with the drop-off / pick-up agreement will result in removal of my child from the program.

Parent/Guardian's Signature: _____ Date: _____