

# 2019 UCSB Jr. Lifeguard Application



Participant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Male  Female

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Age on 7/1/19 \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Mail to: UCSB Jr Guards  
Recreation Center UCSB,  
Santa Barbara, CA 93106-3025  
Phone: (805) 893-7616 ext 3

### Emergency Contact Information

Parent/Legal Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Legal Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Other Contacts** (If parent/guardian cannot be reached)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Feel free to contact us with any special medical, legal (custody) or other considerations regarding the participant.

### Returning Student Tryout Waiver

*My child is physically \_\_\_\_\_  
fit to participate* Initials \_\_\_\_\_

--Office Use Only--

100 yard swim time \_\_\_\_\_

Tread water 3 Min \_\_\_\_\_

Swim Under  
Water 10 yards \_\_\_\_\_

### Medical Information

Please list any concerns (allergies etc. attach separate sheet if needed)

\_\_\_\_\_ Date of last  
tetanus/diphtheria booster

\_\_\_\_\_ Name of Health Insurance Provider Policy Number \_\_\_\_\_

**My Child is a(n)**  **Assistant**  **Captain**  **Scholarship Candidate** Assistants & Captains DO NOT pay fees until after the first tryout and must be past participants in UCSB Jr Guards.

**REGISTRATION / FEES**

**Please register my child for the following**

- Rookie Days** (June 19-21, 9am-12noon)  
\$40 or free for new students, Assistants & Captains
- Session 1** (June 24-July 19) --No program 7/4/18--  
 \$380 for one (1st) child  \$340 for Captains or additional siblings
- Session 2** (July 22-Aug 15)  
 \$380 for one (1st) child  \$340 for Captains or additional siblings
- Both Sessions** (June 24-Aug 15)  
 \$615 for one (1st) child  \$550 for Captains or additional siblings

Please review our refund policy located in the parent handbook available on our website.

**After Care (12:30pm-5:30pm)  
at UCSB Summer Day Camp  
\$65 per child/week**

6/24-6/28	7/1-7/5	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9	8/12-8/16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TOTAL DUE**

\_\_\_\_\_

*Make checks payable to UC Regents  
VISA/Mastercard also accepted*

### Liability, Emergency Medical Treatment & Photo - Video Release:

I hereby authorize the UCSB Jr Lifeguard staff to act for me in any emergency requiring medical attention for my child. I understand that I will be financially responsible for all charges and fees incurred in rendering emergency medical treatment, regardless of whether or not my medical insurance would cover such charges and fees. I further understand that I am required to maintain and carry accident insurance coverage for the child listed on this application, and verify that the coverage information that I have provided is accurate and true. I have no knowledge of any physical impairment that would be affected by the above named child's participation in the UCSB Jr. Lifeguard program. I also understand that UCSB Jr Lifeguards retains the right to use images of my child taken during program activities for publicity purposes.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date





University of California, Santa Barbara

# Waiver of Liability, Assumption of Risk & Indemnity Agreement

Elective/Voluntary Activities Waiver

Department \_\_\_\_\_

Class/Activity \_\_\_\_\_

**Waiver:** In consideration of being permitted to participate in any way in

hereinafter called "The Activity", I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in The Activity.

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent** in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Print Name of Participant \_\_\_\_\_

Date \_\_\_\_\_

Age (if Minor) \_\_\_\_\_

Signature of Parent/Guardian of Participant if Minor \_\_\_\_\_

Print Name of Parent/Guardian of Participant if Minor \_\_\_\_\_

Date \_\_\_\_\_