



JUNIOR LIFEGUARD ASSISTANT APPLICATION

Please see Privacy Notice on Page 3.

APPLICANT INFORMATION

APPLICANT NAME (First and Last)		BIRTHDATE (mm/dd/yyyy)	AGE
ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Filipino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Decline to state		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Decline to State	
APPLICANT ADDRESS (Number, Street, City, State, Zip-Code)			
APPLICANT E-MAIL ADDRESS		APPLICANT PHONE NUMBER	
SESSION(S) AVAILABLE TO WORK:		TOTAL YEARS AS JUNIOR GUARD PARTICIPANT	MOST RECENT YEAR PARTICIPATED
PARENT/LEGAL GUARDIAN PRINTED NAME	E-MAIL	PHONE NUMBER	

EMERGENCY CONTACTS AND MEDICAL INFORMATION

1. CONTACT NAME	PHONE NO. 1	PHONE NO. 2	RELATIONSHIP TO APPLICANT
2. CONTACT NAME	PHONE NO. 1	PHONE NO. 2	RELATIONSHIP TO APPLICANT
3. CONTACT NAME	PHONE NO. 1	PHONE NO. 2	REPLATIONSHIP TO APPLICANT
PHYSICIAN OR HMO (MARK "NONE" IF NONE)			PHONE NO.

List special medications, special instructions and/or pertinent information (mark "None" if none):

List allergies to food or drugs (mark "None" if none):

RELEASE OF LIABILITY AND AUTHORIZATION TO TREAT MINOR

RELEASE OF LIABILITY

I understand that my child or the minor for whom I act as a lawful court-appointed guardian whose name is _____ (“Minor” or “Child”) is being considered to participate in the Junior Lifeguard Program (“Program”) administered by the California Department of Parks and Recreation (“DPR”).

I acknowledge that by signing this RELEASE OF LIABILITY, I will be giving up certain legal rights on behalf of myself and the Minor.

Hereinafter, the terms “undersigned,” “I” or “my” when used in this RELEASE OF LIABILITY are meant to refer to me as the parent and/or legal guardian on behalf of myself and the Minor.

In consideration of being permitted to participate in the Program, the undersigned agrees to the following:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE CALIFORNIA DEPARTMENT OF PARKS AND RECREATION, ITS EMPLOYEES, OFFICERS AND AGENTS (hereinafter referred to as “Releasees”) from all liability to the undersigned, his or her personal representatives, assigns, heirs and next of kin for any loss, damage, or claim therefore on account of injury to the person or property of the undersigned, whether caused by any negligent act or omission of the Releasees or otherwise while the undersigned is participating in the Program or using any of DPR’S facilities in connection with the Program.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the Releasees from all liability, claims, demands, causes of action, charges, expenses, and attorney’s fees resulting from involvement in this program whether caused by any negligent act or omission of the Releasees.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while upon DPR property or participating in the program or using any DPR facilities and equipment whether caused by any negligent act or omission of Releasees. The undersigned expressly agrees that this release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by California law.
4. THE UNDERSIGNED REPRESENTS that he or she as well as the Minor are familiar with the varied health risks associated with participating in the Program. The undersigned further understands that serious accidents or death can occur during aquatic and marine activities; and that participants in aquatic and marine activities occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof. Knowing the risk of aquatic and marine activities, including but not limited to swimming, surfing, lifesaving, windsurfing, body boarding, competition, the undersigned hereby agrees to assume on his or her behalf and on behalf of the Minor those risks, including risks caused by Releasees negligent acts or omissions.
5. I, the UNDERSIGNED, acknowledge that I have read the foregoing and that I am aware of the legal consequences of this agreement, including that it prevents me or my Child/the Minor from suing DPR or its employees, agents or officers if I or my Child is injured or damaged for any reason as a result of participation in this program.
6. IF THE PARTICIPANT IS A MINOR, his or her custodial parent must read and execute this agreement. I hereby warrant that I am the legal guardian or custodial parent of the above-named minor child, and agree, on my own and said Minor’s behalf, to the terms and conditions of the foregoing agreement.
7. By signing this RELEASE OF LIABILITY, I represent that I have read, understood and voluntarily agreed to abide by its terms and conditions.

SIGNATURE OF PARENT/LEGAL GUARDIAN

PRINTED NAME

DATE

**JUNIOR LIFEGUARD
ASSISTANT APPLICATION (continued)**

APPLICANT NAME

AUTHORIZATION TO TREAT MINOR

I am the parent or parent having legal custody or guardian or caregiver and a relative of _____, a minor ("Minor"). Under Family Code Section 6550, I may authorize medical and dental care for the aforementioned child.

I hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to him or her under the general or special supervision of and upon the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act.

I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but it is given to provide authority and power to render care which the aforementioned physician, surgeon or dentist in the exercise of his or her judgment, may deem advisable for the Minor.

Further, I understand the Minor will be participating in a hazardous recreational activity that may result in injury.

I agree to pay for the Minor's medical expenses, including the cost of emergency medical services, if he or she is injured. I understand that an effort will be made to contact me prior to rendering treatment, but any of the above treatment or emergency services will not be withheld if I cannot be reached.

This consent shall remain in effect until September 1 of the subject year (unless revoked at an earlier time).

SIGNATURE OF PARENT/LEGAL GUARDIAN	PRINTED NAME	DATE
------------------------------------	--------------	------

PRIVACY NOTICE

Civil Code section 1798.17 requires a Privacy Notice on Collection be provided when personal information is collected from individuals.

Please do not include any personal information that is not requested.

Each individual has the right to review personal information maintained by this agency, unless access is exempted by law. You may review your records by contacting the official responsible for maintaining your information below. We will not disclose your personal information unless authorized by law.

To learn more about our Privacy Policy, visit parks.ca.gov/privacy

AGENCY NAME Department of Parks and Recreation	DIVISION Park Operations – LEES - Aquatics
TITLE OF OFFICIAL RESPONSIBLE FOR MAINTENANCE OF THE INFORMATION Aquatic Specialist	CONTACT PHONE NUMBER 916-205-0238
BUSINESS ADDRESS OF OFFICIAL PO Box 942896; Sacramento, CA 94296-0001	CONTACT EMAIL aquatic.safety@parks.ca.gov
AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION California Government Code 12946	
THE FOLLOWING ITEMS OF INFORMATION ARE VOLUNTARY, ALL OTHERS ARE MANDATORY All fields are mandatory.	
THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION Failure to provide required information will result in the rejection of the application.	
THE PRINCIPAL PURPOSE(S) WITHIN THE AGENCY FOR WHICH THE INFORMATION IS TO BE USED Appointment of the applicant/individual as an assistant.	
KNOWN OR FORESEEABLE DISCLOSURES OF THE INFORMATION PURSUANT TO CIVIL CODE SECTION 1798.24, SUBDIVISIONS (e) OR (f) None	