



JONES BEACH JUNIOR LIFEGUARD PROGRAM

Tryout Date: Thursday, June 7th, 2018

Athlete's Last Name: _____

Athlete's First Name: _____

GENDER: Male _____ Female _____

BIRTHDAY: Month _____ / Day _____ / Year 20 _____

E-MAIL ADDRESS: _____

CELL PHONE# _____

*****Do not write below this line*****

PAID amount and check #	
STAMP	
TIME	
Lifeguard's Name	