

JONES BEACH LIFEGUARD CORPS

JUNIOR LIFEGUARD COMPETITION TEAM

2019 APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE(S): _____

EMAIL (PRINT CAREFULLY): _____

BIRTH DATE: _____ AGE: _____ (AS OF JULY 1, 2019)

AA AGE 16

A AGE 14/15

B AGE 12/13

C AGE 10/11

PARENT(S)/GUARDIAN(S) NAME: _____

WHAT SWIM TEAM(S) HAVE YOU SWAM FOR AND DATES (FROM/TO) WITH EACH TEAM?

WHAT IS YOUR CURRENT TIME FOR 100-YARD FREESTYLE? _____

HOW MANY PUSH-UPS CAN YOU DO IN A MINUTE? _____

HOW MANY SIT-UPS CAN YOU DO IN A MINUTE? _____

T-SHIRT (ADULT) Size (CIRCLE ONE): **LARGE** **MEDIUM** **SMALL**