



Jones Beach Junior Lifeguard Program 2026 Registration Form

Child's age
as of July 1: _____

Please print all information.

Last Name _____ First Name _____

Date of Birth _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Email _____

Emergency Contact _____ Phone _____

Waiver

In consideration of being allowed to participate in any way in the 2026 Junior Lifeguard Program event, which includes related event activities, the undersigned acknowledges and fully understands that each participant will be engaging in activities that involve risk and the potential for serious injury including permanent disability and death and economic losses, which might result not only from their own actions, inactions or negligence, but the action or negligence of others, the rules of play, or the condition of premises or of any equipment used; and that there may be other risks not known or reasonably foreseeable at this time; and that the undersigned's participation is voluntary and agrees to:

- I assume any and all risks of personal injuries to the undersigned which are in any way related to this activity, including but not limited to practice for the event, and authorize local emergency medical services to render any medical treatment that may be deemed necessary for me, including transportation to a hospital. I give authorization to a licensed physician and/or surgeon to provide care and emergency medical treatment when necessary. I agree to pay all costs related to emergency care, transportation, and treatment caused by, or arising from participation in this activity.
- I, the undersigned, intending to be legally bound for myself, my son/daughter/legal guardian, my heirs, executors and administrators, waive, and release any and all rights and claims for damages I may have against New York State Office of Parks, Recreation and Historic Preservation-Long Island Region, Natural Heritage Trust, Junior Lifeguard Corps, all sponsors, volunteers, the people of the State of New York, their official agents and employees, for all injuries suffered in this activity.
- I agree that prior to my participation in this activity, I will inspect the facilities, equipment, and areas where the event or activity is being conducted and if I believe any of them are unsafe, I will immediately advise the person supervising the activity facility or area and will discontinue participation until the unsafe condition is resolved.
- I grant full permission to any and all of foregoing to use any photographs, video tapes, motion pictures, recordings, or other records of this activity for any legal purpose whatsoever and to all phases of publicity, promotion and advertising.
- I warrant that I am in good health and have no physical conditions that would prevent me from participating in this activity.
- I have read the above waiver and release and understand that I have given up substantial rights by signing and sign voluntarily.

If your child is taking any medication, using an inhaler, or has any medical condition that precludes participation in certain physical activities you must make note of it on the physical form. This information will be kept confidential.

FAILURE TO COMPLY WITH THESE REGULATIONS WILL RESULT IN FORFEITING YOUR SPOT IN THE JONES BEACH JUNIOR LIFEGUARD PROGRAM.

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Name: (Please Print) _____

Qualifying Time: (New Athletes ONLY) _____

Please mail the Jones Beach Junior Lifeguard Registration Form, USLA Registration Form and Physical Form along with a **\$135** check or money order (made payable to: **NHT-LI**) to:

Jones Beach Junior Lifeguards
Attn: Fynn Haughney
P.O. Box 247
Babylon, NY 11702

ALL paperwork must be received by May 12, 2026, to ensure your spot in the Jones Beach Junior Lifeguard Program.

*The proceeds of this tournament will benefit Long Island State Parks Lifeguard Corps through the Natural Heritage Trust.



New York State
Parks, Recreation and
Historic Preservation



Natural
Heritage Trust