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|---|--|
|  | <p>Age as of July 1, 2025</p> <p>_____ Years Old</p> |
|---|--|

JONES BEACH JUNIOR LIFEGUARD PROGRAM

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 STAMP | |
| SWIM TIME | |
| Lifeguard Name | |