



Age as of July 1, 2024

_____ Years Old

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	