

Check # _____

2025 REGISTRATION FORM

This form may be reproduced.

This tournament is only open to bona fide U.S.L.A. Agencies. You must have a Junior Lifeguard Program and the competitor must have current membership in the U.S.L.A. We reserve the right to reject teams, or individuals, who do not meet this criteria.

Your local Junior Lifeguard Coach submits Registration Forms as a team, not individually. Each competitor must fill out a registration form, sign the waiver and then submit to your team coach.

Please print information:

Team Name _____

Name _____

Address _____

Town/State/Zip _____

Home Phone _____

Emergency Contact Name _____

Emergency Phone _____

E-mail _____

Age as of 7/1/25 _____

Category (AA,A,B,C) _____

Tee-shirt size (Adult) – (S, M, L, XL) _____

Must sign waiver on back of registration form.

For additional information, please email:

jrlifeguard@parks.ny.gov



CHILD'S AGE AS OF JULY 1ST: _____

2025 JUNIOR LIFEGUARD TOURNAMENT

WEDNESDAY JULY 16, 2025

RAIN DATE: JULY 17TH

JONES BEACH STATE PARK

**EAST BATHHOUSE OCEANFRONT
WANTAGH, NY**



SCAN ME



New York State
Parks, Recreation and
Historic Preservation



Natural
Heritage Trust

Registration:
By team only. Submit all applications to your team coach.
All applications must be received by
Sunday, July 6th, 2025.
Pre-registered teams only - NO SAME DAY REGISTRATION

Entry Fee:
\$20.00 per competitor. Team coach submits one check for entire team made payable to “NHT-LI”

Check-in:
8:30 AM - 9:30 AM at large tent.
The first event will begin promptly at 10:00 AM. The last event will begin at approximately 4:30 PM.

Giveaways:
On the day of the tournament, each competitor will receive an event t-shirt and beverages.

Awards:
1st, 2nd, 3rd, 4th and 5th in four age divisions in each event.
Proceeds of this tournament benefit Long Island State Parks Lifeguard Corps. through the Natural Heritage Trust.

Waiver

In consideration of being allowed to participate in any way in the 2025 Junior Lifeguard Tournament , 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 the event, 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 or surgeon to provide care and emergency medical treatment when necessary. I agree to pay all costs related to emergence care, transportation, and treatment caused by or arising from participation in the event or activity.

I, the undersigned, intending to be legally bound for myself, my son/daughter/legal guardian, my heirs, executors and administrators, waive, 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 said event.

I agree that prior to my participation in the event or 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 will immediately advise the person supervising the event, 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 event 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 condition that would prevent me from participation in the event or activity.

If your child is taking any medication or using any inhaler, please make note of it in the space below. If your child has any medical condition that precludes participation in certain physical activities, please advise us of the limitations. This is for your child’s benefit. It will be kept confidential.

List medication(s): _____

I, the parent or legal guardian, consent to the minor’s participation in the event.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Print Name _____

EACH TEAM MUST SUPPLY THEIR OWN TEAM CAPS, RESCUE BOUYS AND BZ OR COMPETITION

EVENTS WILL BE LIMITED

A-AA Division A = ages 14-15 AA = ages 16-17	B Division B = ages 12-13	C Division C = ages 9-11
Beach Run	Beach Run	Beach Run
Rescue Race	Rescue Race	*Beach Flags
*Paddleboard	Run-Swim-Run	Distance Swim
Distance Swim	*Beach Flags	Run-Swim-Run
Run-Swim-Run	*Paddleboard	*Paddleboard
*Beach Flags	Distance Swim	Swim Relay
Swim Relay	Swim Relay	Rescue Race

Course #1
4 West

Course #2
2 to 3 West

Course #3
Main to 1 West

Beach Flags: South of Boardwalk (West Side)

* Athletes may participate in EITHER beach flag or paddleboard event

If necessary, coaches, along with their staff, will be asked to provide assistance on day of tournament.