



Junior Lifeguard Conditioning

Get Ready to Pass the Jr. Lifeguard Swim Test!

May 5—May 23

Mon., Wed., Fri. from 4:00—5:00 PM

Or, if you are a returning Jr. Guard, get in shape for the summer.

Cost: \$110.00

Sign-ups to reserve your space: Thursday, May 1

4:00—4:30 PM @ Mira Costa High School Pool

All participants are expected to have mastered basic swimming skills. The program is designed to refine basic skills, condition, and improve swimming times. All classes are taught by members of the Mira Costa High School Swim and Water Polo teams under the supervision of Coach Jon Reichardt. This is a fundraiser for the Mustang Aquatics Boosters Club. Questions? Call Coach Reichardt @ 310/318-7337, X 5276.

Please bring your check in the amount of \$110 made payable to: **Mustang Aquatics Boosters**, along with the completed form below to the sign-ups session.



Swimmer Name _____ Parent(s) Name _____
Swimmer Age _____ Male/Female Daytime Phone _____

In consideration of my child's voluntary participation in Junior Lifeguard Training Program, I, the undersigned parent or guardian of _____, hereby acknowledge and voluntarily assume all risks of bodily injury, personal injury, property damage or wrongful death that may arise out of or in any way connected with this program. I acknowledge that my child is in good physical condition for this program. I, for myself, my heirs, executors, administrators and assigns, hereby release, waive, discharge, and relinquish any action or causes of action, aforesaid, which may hereafter arise for me and for my estate, and agree that under no circumstances will I, or my heirs, executors, administrators, and assigns prosecute, present any claim for personal injury, bodily injury, property damage, or wrongful death against the Manhattan Beach Unified School District, the Mustang Aquatics Boosters, and or any of their officers, employees, or volunteers. This waiver shall not apply to any occurrences that may arise solely out of the negligence of the District, its employees or agents.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Parent or Guardian Signature _____ Date _____

Print Name of Parent or Guardian _____

For Office Use Only: Group # _____ Check # _____ Cash _____