

# LEHI AQUATIC CENTER JUNIOR LIFEGUARD PROGRAM APPLICATION FORM

## STUDENT'S INFORMATION

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PLEASE SELECT STUDENT'S AGE

- 12
- 13
- 14
- 15
- 16
- 17

PLEASE SELECT STUDENT'S T-SHIRT SIZE (ADULT SIZE)

- S
- M
- L
- XL

## EMERGENCY CONTACT

PARENT(S) or GUARDIAN(S) NAME:

NAME: \_\_\_\_\_

HOME PHONE: (       ) \_\_\_\_\_

NAME: \_\_\_\_\_

CELL PHONE #1: (       ) \_\_\_\_\_

NAME: \_\_\_\_\_

CELL PHONE #2: (       ) \_\_\_\_\_

NAME: \_\_\_\_\_

WORK PHONE: (       ) \_\_\_\_\_

OTHER EMERGENCY CONTACT PERSON(S)

NAME: \_\_\_\_\_

PHONE: (       ) \_\_\_\_\_

## MEDICAL INFORMATION

Is your child on medication?  NO  
 YES

If YES, What Medication? \_\_\_\_\_

Is your child covered by insurance?  NO  
 YES

If YES, What Provider? \_\_\_\_\_

DOCTOR: \_\_\_\_\_

CLINIC / HOSPITAL: \_\_\_\_\_