

\_\_\_\_\_

LAST NAME



# LOS ANGELES COUNTY FIRE DEPARTMENT 2019 JUNIOR LIFEGUARD PROGRAM CADET APPLICATION



JG NAME: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_ (ON 7/1/19)

Gender Survey:  Female  Male  Prefer not to state

PARENT/GUARDIAN NAME \_\_\_\_\_ PARENT/GUARDIAN NAME \_\_\_\_\_

APPLICANT PHONE NUMBER: \_\_\_\_\_ PARENT/GUARDIAN PHONE NUMBER: \_\_\_\_\_

APPLICANT EMAIL ADDRESS: \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPLICANT MEDICAL HISTORY: (If "NONE" please indicate so) \_\_\_\_\_

KNOWN ALLERGIES : \_\_\_\_\_ CURRENT PRESCRIPTIONS: \_\_\_\_\_

CHANGE OF ADDRESS

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

YEARS AS A JUNIOR LIFEGUARD: \_\_\_\_\_ BEACH LOCATION(S): \_\_\_\_\_

TWO MOST RECENT JG INSTRUCTORS' NAMES : \_\_\_\_\_

HIGH SCHOOL : \_\_\_\_\_

GRADE LEVEL NEXT SCHOOL YEAR (circle one): FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATING

ADDITIONAL SKILLS AND/OR TRAINING: \_\_\_\_\_

WORK EXPERIENCE: \_\_\_\_\_

RELEVANT INTERESTS, SPORTS, OR HOBBIES: \_\_\_\_\_

LIST ANY ACTIVITIES THAT HAVE INVOLVED YOU WORKING WITH CHILDREN: \_\_\_\_\_

SCHOOL REFERENCE (NAME AND RELATIONSHIP): \_\_\_\_\_

**NO LETTERS FROM FAMILY MEMBERS, PEERS OR LACoFD LIFEGUARDS WILL BE ACCEPTED**

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LACoFD Community Outreach, Diversity and Inclusion Section (CORDI) Voluntary Ethnicity Survey - Check all that apply

- White  Hispanic  American Indian  Other
- Black  Filipino  Asian/Pacific Islander

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**Tryout Date and Training Preference**

- Saturday, June 7  Sunday, June 8

.....**DO NOT FILL OUT** ..... **OFFICIAL USE ONLY** .....

**Included with this application:**

- CPR card
- Proof of Timed 500 yard swim in under 7:00.00 min
- One Letter of Recommendation
- One Letter of Interest

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR**

I, THE UNDERSIGNED, PARENT OF \_\_\_\_\_, (PRINT JG NAME) A MINOR, DO HEREBY AUTHORIZE THE FIRE CHIEF OF THE LOS ANGELES COUNTY FIRE DEPARTMENT OR ONE OF HIS EMPLOYEES, AS AGENTS FOR THE UNDERSIGNED, TO CONSENT TO ANY X-RAY EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE WHICH IS DEEMED ADVISABLE BY, AND TO BE RENDERED UNDER THE GENERAL OR SPECIAL SUPERVISION OF ANY PHYSICIAN AND SURGEON LICENSED UNDER THE PROVISIONS OF THE MEDICAL PRACTICE ACT ON THE MEDICAL STAFF ON ANY HOSPITAL, WHETHER SUCH DIAGNOSIS OR TREATMENT IS RENDERED AT THE OFFICE OF THE PHYSICIAN OR AT THE HOSPITAL.

IT IS UNDERSTOOD THAT THIS AUTHORIZATION IS GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS, TREATMENT, OR HOSPITAL CARE BEING REQUIRED, BUT IS GIVEN TO PROVIDE AUTHORITY TO THE ABOVE DESCRIBED AGENT(S) TO GIVE SPECIFIC CONSENT TO ANY AND ALL SUCH DIAGNOSIS, TREATMENT, OR HOSPITAL CARE WHICH A PHYSICIAN, MEETING THE REQUIREMENTS OF THIS ORGANIZATION, MAY, IN THE EXERCISE OF HIS OR HER BEST JUDGEMENT, DEEM ADVISABLE.

THIS AUTHORIZATION IS GIVEN PURSUANT TO THE PROVISIONS OF FAMILY CODE SECTION 6910.

I HEREBY AUTHORIZE ANY HOSPITAL WHICH HAS PROVIDED TREATMENT TO THE ABOVE NAMED MINOR PURSUANT TO THE PROVISIONS OF FAMILY CODE SECTION 6910 TO SURRENDER PHYSICAL CUSTODY OF SUCH MINOR TO (MY)/(OUR) ABOVE NAMED AGENT(S) UPON THE COMPLETION OF TREATMENT. THIS AUTHORIZATION IS GIVEN PURSUANT TO HEALTH AND SAFETY CODE SECTION 1283.

THESE AUTHORIZATIONS SHALL REMAIN EFFECTIVE UNTIL MARCH 1, 2020 UNLESS SOONER REVOKED IN WRITING AND DELIVERED TO SAID AGENT(S) NOTED ABOVE.

PARENT OR GUARDIAN PRINTED NAME \_\_\_\_\_

**SIGNATURE OF PARENT/LEGAL GUARDIAN** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**AMATEUR ATHLETIC MINOR WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the Los Angeles County Junior Lifeguard Program, an athletic/sports program, and related events and activities, the undersigned:

1. Agrees that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the action, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not foreseeable at this time.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability, or death.
4. Release, waive, discharge, and covenant not to sue Los Angeles County, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

**I HAVE READ THE ABOVE WAIVER AND RELEASE. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I AM SIGNING IT VOLUNTARILY.**

**SIGNATURE OF PARENT/LEGAL GUARDIAN** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**VIDEO-PHOTO AUTHORIZATION**

I UNDERSTAND THAT DURING THE JUNIOR LIFEGUARD PROGRAM HOURS OR AT RELATED ACTIVITIES, PHOTOGRAPHS OF MY CHILD MAY BE TAKEN BY JUNIOR LIFEGUARD PROGRAM STAFF, SPONSORS, ORGANIZERS AND/OR ASSIGNEES. I AGREE THAT SUCH PHOTOGRAPHS, INCLUDING VIDEO PHOTOGRAPHY, FILM PHOTOGRAPHY, DIGITAL PHOTOGRAPHY, OR OTHER REPRODUCTIONS OF MY CHILD MAY BE USED WITHOUT COMPENSATION BY THE LOS ANGELES COUNTY LIFEGUARD DIVISION, OR ITS SPONSORS, ORGANIZERS, AND/OR ASSIGNEES, FOR EDUCATIONAL, PROMOTIONAL AND/OR OTHER NECESSARY PURPOSES.

**SIGNATURE OF PARENT/LEGAL GUARDIAN** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**THE ABOVE MUST BE FILLED OUT COMPLETELY AND SIGNED WHERE INDICATED FOR YOUR CHILD TO REGISTER AND PARTICIPATE.**