



## Junior Lifeguard Program Youth Ages 9-15

### Overview

The Casitas Water Adventure Junior Lifeguard Program is a unique and challenging program designed to provide instruction and practice in aquatic environments that will instill courtesy, respect and good sportsmanship and assist in making good swimmers better and more confident. The recommended program encompasses over 80 hours of activities, four days per week for four weeks.

### Cost

Per Week: \$200      Per Season: \$640

The registration fee includes uniforms, training materials a beach day, kayaking, camping and trip to Hurricane Harbor. Space is limited so sign up now.

### Dates

July 5 thru July 8      July 19 thru July 22  
July 12 thru July 15      July 26 thru July 29

### Times

Monday thru Thursday      9:00am – 3:00pm



For more information contact the Reservation Office at (805) 649-1122, Monday thru Friday – 8:00am to 3:00pm. Dates can be reserved in advance with payment, but registration forms must be signed in presence of Park staff.

**LAKE CASITAS RECREATION AREA**  
 11311 Santa Ana Road, Ventura, CA 93001  
 (805)-649-2233 – FAX (805)-649-4661

**JUNIOR LIFEGUARD PROGRAM REGISTRATION**

Customer Fill Section				
Dates	Classes	Fee	Total Fee	
<input type="checkbox"/> 7/05-7/29/10	Full Program	\$640.00	\$ _____	
<input type="checkbox"/> 7/05-7/08/10	Week #1	\$200.00	\$ _____	
<input type="checkbox"/> 7/12-7/15/10	Week #2	\$200.00	\$ _____	
<input type="checkbox"/> 7/19-7/22/10	Week #3	\$200.00	\$ _____	
<input type="checkbox"/> 7/26-7/29/10	Week #4	\$200.00	\$ _____	
		<b>TOTAL</b>	\$ _____	

\*Program may be purchased in full or individually prorated weeks.

Office Use Only	
Confirmed	Name/Date
<input type="checkbox"/>	_____/____/____
<input type="checkbox"/>	_____/____/____
<input type="checkbox"/>	_____/____/____

Name of Participant (PRINT): \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (PRINT): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Legal Guardian (if Participant under 18) Name (PRINT): \_\_\_\_\_ E-mail: \_\_\_\_\_

Address if Different from Above (PRINT): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Medical Release for Participant Under 18.** I, the undersigned parent/legal guardian (“Parent”) of the undersigned minor participant (“Participant”), hereby authorize the Casitas Municipal Water District (“District”) - Lake Casitas Recreation Area staff to take whatever actions may be necessary to obtain emergency medical care if warranted. These actions may include, but not be limited to, the following:

- ◇ Attempting to contact Parent directly or through other persons.
- ◇ Calling 911 for assistance and having Participant transported by ambulance to a hospital if recommended by emergency personnel.

I, the Parent of Participant, hereby further authorize any physician or medical staff of licensed hospital to provide treatment as is necessary until I can be notified. I understand this authorization is given in advance of any treatment being required.

**Release, Hold Harmless and Assumption of Risk.** Participant desires to participate in the Program(s) being registered herein and other activities related thereto (“Activities”). Participant, and his or her Parent, if participant is under 18 years old, recognize that the Activities are hazardous and understand the risks and dangers associated with participation in the Activities, including, but not limited to, bodily injury, disability, paralysis and death. The undersigned accept and assume such risks and responsibilities however caused or alleged to be caused by any party with the exception of those risks caused by gross negligence, fraud, willful misconduct or violation of law. In consideration for Participant being permitted to participate in the Activities, each of the undersigned hereby waives, releases, discharges, indemnifies and holds harmless the Casitas Municipal Water District, its Board of Directors, employees, agents and any other related parties from any and all claims for damages for wrongful death, personal injury, or property damage, arising out of Participant’s participation in the Activities and caused by negligence (passive or active), strict liability or otherwise (except for such injury, wrongful death or property damage caused by District’s gross negligence, fraud, willful misconduct or violation of law). This release is intended to be binding on each of the undersigned’s heirs, beneficiaries, personal representatives, next of kin, spouse and assigns.

I/We have read the above waiver, have been fully and completely advised of the potential danger incidental to engaging in the Activities, are fully aware of the legal consequences of signing this waiver and have signed it voluntarily.

Signature: \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Participant Parent/Guardian (if under 18)