



**2016 JUNIOR LIFEGUARD PROGRAM
(A Division of Leaders-In-Training)
APPLICATION PACKET
Youth Ages 11-14**



GENERAL INFORMATION

Please read the entire packet carefully and note the following:

- All forms must be completed and returned by 5:30 p.m. on **Thursday, April 7** to:

**City of Covina Parks & Recreation Department
1250 North Hollenbeck Avenue, Covina, CA 91722**

- Only the **first 75** completed applications will be accepted (for both the Leaders-in-Training and Junior Lifeguard programs). A waiting list will be established after the first 75 completed applications have been accepted.
- If accepted into the Junior Lifeguard program, a **nonrefundable \$75 registration fee must be paid at the orientation meeting on Wednesday, April 27.**

INTERVIEW INFORMATION

Participants only need to schedule one interview.

**Wednesday, April 20 and
Thursday, April 21:**
3-5:30 p.m.
(Parks & Recreation office)

Interviews

All youth whose applications are accepted **MUST** attend an interview. A notice with the interview date and time will be given to participants upon submittal of application.

ORIENTATION INFORMATION

All participants **MUST** attend orientation with at **least one parent/guardian – no exceptions!** Participants unaccompanied by parent may not be allowed to participate in the program.

Wednesday, April 27
6-7 p.m.

Leaders-in-Training Junior Lifeguard Orientation
Participants **MUST** attend this meeting.

Location:

Michael D. Antonovich Aquatics Center, 301 N. Fourth Avenue

MANDATORY TRAINING DATES – NO EXCEPTIONS

Participants must attend **BOTH** training dates listed below to receive certification for the mandated training. **Failure to complete the training will result in removal from the Junior Lifeguard Program.** In addition to the training dates below, all teens must attend the mandatory in-service training date on **Sunday, June 5, 8 a.m.-12 p.m.**

Saturday, April 30, 8 a.m.-5 p.m.

Sunday, May 1, 8 a.m.-5 p.m.

If you have any questions, please contact the Parks & Recreation office at (626) 384-5340, Monday-Thursday and alternate Fridays, 10 a.m.-5:45 p.m. Please visit the City's website at www.covinaca.gov for information on all City programs and services.

Like us on Facebook! www.facebook.com/CovinaParksandRec

City of Covina
Parks & Recreation Department
JUNIOR LIFEGUARD PROGRAM INFORMATION
(A Division of Leaders-in-Training)

FOR: Youth 11-14 years of age (must be age 11 by May 1, 2016, and cannot turn 15 until after September 30, 2016).

FUNDED BY: Grant from the Webb Foundation

PURPOSE:

- To guide youth by building a foundation, knowledge, attitudes, and skills for future employment.
- To provide a leadership and training program for youth interested in aquatics/water safety.
- To provide a positive summer activity and valuable work experience for youth.

REQUIRED SKILLS:

- Swim the front crawl for 25 yards continuously while breathing to the front or the side.
- Swim the breaststroke for 25 yards using a pull, breathe, kick, and glide sequence.
- Tread water for one (1) minute using arms and legs.
- Show a level of comfort on the back by floating on the back for 30 seconds or swimming on the back for 25 yards using the elementary backstroke or back crawl.
- Submerge and swim a distance of 10 feet under water.

VACATION LIMITATION:

- **Due to the schedules for Aquatics, NO additional time off for vacations will be allowed.** Schedules allow youth to choose the sessions for which they are available. Please refer to the Assignment Request Form for shifts. It is important that youth select sessions and work shifts that do not conflict with scheduled family vacations. Missed assignments may result in forfeiture of ALL recognition/rewards.

RESPONSIBILITIES:

- Junior Lifeguards will be assigned as aides to staff and will be supervised at all times.
- Junior Lifeguards may be asked to help with other shifts as needed.
- Junior Lifeguards must wear swimsuits and visors (provided by the City) while participating.
- Junior Lifeguards will be expected to fulfill their commitment to the program. Failure to successfully complete the program **will** result in forfeiture of ALL recognition/rewards.

RECOGNITION/REWARDS:

- Youth who successfully complete the program (participate the entire length of their assignment) will receive a gift card.
- A record of hours and gift cards will be available for pick up on **Monday, September 12, 2016**, at the Parks & Recreation office, located at 1250 N. Hollenbeck Avenue.



**City Of Covina
Parks & Recreation Department
2016 JUNIOR LIFEGUARD PROGRAM
(A Division of Leaders-in-Training)**

<i>Office use only:</i>	
Date Received	_____
Time	_____
Initials	_____
App #	_____

Application must be filled out completely by youth applicant. Print neatly using blue or black ink. Do not leave any lines blank. If the information requested does not apply, please write "N/A."

Name: _____ Age: _____ Birth Date: ____/____/____
 Address: _____ City: _____ Zip Code: _____
 Phone: _____ Email: _____
 Current School: _____ Grade in Fall 2016: _____

Will you be under the age of 15 through September 30, 2016? Yes No

***NOTE: If you will turn age 15 before September 30, 2016, you may not participate in the program.**

<p>Adult T-Shirt Size (circle): Small Medium Large X-Large XX-Large</p> <p><i>(Please make sure to choose the correct size. Select only ONE size. No exchanges will be made.)</i></p>

Can you volunteer 20-25 hours per week for the length of the program?

Please circle: Yes No

Will you be attending summer school?

Please circle: Yes No Unsure If yes, dates: _____

Are there any other commitments you have that may interfere with your assignment? Please explain below:

List interest, hobbies, or extracurricular activities:

List aquatics experience (swim teams, classes, leisure, etc.):

List prior experience as a Leader-in-Training/Junior Lifeguard or Volunteer:

State the reasons you are qualified to be in this program: _____

Please check the appropriate box. This information will only be used to help assign youth to an appropriate volunteer assignment and will not be used as a basis for acceptance into the Junior Lifeguard Leaders-in-Training program.

	<u>Agree</u>	<u>Disagree</u>	<u>Unsure</u>
I enjoy working with people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I consider myself to be physically active.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather spend time indoors than outdoors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy being around children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am observant and obey safety rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to help others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I work well with a team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't mind cleaning up trash and other messes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION OF APPLICANT:

I certify that all statements in this application are true and complete to the best of my knowledge.

I understand that any false statements will subject me to disqualification or dismissal.

Signature of Junior Lifeguard: _____

Date: _____

Signature of Legal Guardian: _____

Date: _____



**City of Covina
Parks & Recreation Department
2016 JUNIOR LIFEGUARD PROGRAM**



To Be Completed by Parent or Guardian

YOUTH'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
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ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	BIRTHDATE
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LEGAL GUARDIAN'S NAME	LAST	MIDDLE	FIRST	BUSINESS OR CELL PHONE ()
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HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ()
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LEGAL GUARDIAN'S NAME	LAST	MIDDLE	FIRST	BUSINESS OR CELL PHONE ()
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HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ()
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PLEASE LIST ANY ALLERGIES OR CURRENT MEDICATIONS

PLEASE LIST ANY MEDICAL CONDITIONS OR SPECIAL LIMITATIONS

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

IN THE EVENT OF A MEDICAL EMERGENCY OR INJURY, 9-1-1 WILL BE CONTACTED

CONSENT TO MEDICAL TREATMENT OF A MINOR

In the event of illness, accident, or injury which may occur while said minor is engaged in the Junior Lifeguard program, I hereby authorize and give my consent pursuant to California Family Code section 6910, to the City of Covina, its officials, officers, employees, agents, volunteers, and any other promoters, operators, or co-sponsors of the Activity, to seek medical or dental treatment for said Minor as shall be necessary under the circumstances from a physician licensed under the laws of the State of California.

I also hereby authorize any health or medical facility providing care pursuant to California Family Code section 6910 to surrender physical custody of said Minor to the City upon completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

PRINT NAME OF LEGAL GUARDIAN

SIGNATURE OF LEGAL GUARDIAN

DATE



City of Covina
Parks & Recreation Department
2016 JUNIOR LIFEGUARD PROGRAM



NAME: _____

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

For and in consideration of the City of Covina furnishing facilities, supervisors, equipment or expenses for (print minor's name) _____ to participate in the Junior Lifeguard Leaders-in-Training program during and all associated activities included in the program provided to the minor with the sole intent and understanding to participate, the undersigned acknowledges, affirms, represents, and covenants, he/she is of lawful age and is the lawful guardian of named minor and has the sole right and authority to execute this agreement on behalf of the minor in that he/she has not sold, assigned, transferred, conveyed, hypothecated or otherwise disposed of his/her right and authority.

The undersigned, his/her heirs, executors, administrators, successors, assigns, directors or agents, hereby release, waive, discharge and relinquish any actions or causes of action, demands, rights, damages, costs, loss of services, expenses and any and all claims whatsoever, which may hereafter arise for or to minor, himself/herself and for his/her heirs, executors, administrators, successors or assigns and shall not prosecute or present any claim to the City of Covina, its elected officials, directors, officers, agents, employees, council members, administrators, or any other persons, firms, corporations, associations or partnerships (hereinafter referred to as "releasees") for any causes of action including, but not limited to, losses caused by the active or passive negligence of the releasees.

(Print minor's name) _____ and/or undersigned acknowledges, affirms and understands and assumes all risk inherent in the Junior Lifeguard Leaders-in-Training program and all incidental activities associated therewith and said activities involve a risk of serious physical injury and/or death to minor's person and damage to property and the undersigned is permitting minor to participate with full and complete knowledge of said risks. This waiver and release specifically exempts, relieves and releases the releasees from all liability for personal or bodily injury, including wrongful death and property damage.

The undersigned, for minor and for himself/herself, his/her heirs, executors, successors, administrators or assigns agrees that in the event of any claim of the minor and/or undersigned for personal or bodily injury, property damage or wrongful death against releasees, that the undersigned shall indemnify, defend and hold harmless the releasees, from and against any and all liability, suits, actions, proceedings, judgements, claims, liens, losses, damages (whether in contract or in tort, including personal and bodily injury, death or property damage), costs and expenses, including attorneys' fees, litigation, arbitration and mediation expenses) of every nature or kind which arise from, are caused by, or which are alleged to have arisen from or to have been caused by, or in conjunction with, any and all acts, or omissions, whether negligent or otherwise.

The undersigned acknowledges that he/she has read the foregoing and, has been fully and completely advised concerning the contents and ramifications of the same and is fully aware of legal consequences of signing this document. Based upon the independent evaluation of the risk, I affirm and reaffirm my knowledge and express assumption of the risk and dangers set forth hereinabove and sign this release and waiver of liability freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Minor's/Child's Name (printed): _____

Parent's/Guardian's Name (printed)

Parent's/Guardian's Signature

Date



City of Covina Parks & Recreation Department 2016 JUNIOR LIFEGUARD PROGRAM ASSIGNMENT OPTIONS



Name: _____

Age: _____

- ✓ After carefully reading through all assignments, please mark the assignments you are interested in, in the boxes to the left, from 1st to 4th choice.
- ✓ Every effort will be made to give applicants an assignment they have requested; however, due to limitations for certain shifts, applicants may be contacted with substitute/additional shift opportunities.
- ✓ Applicants need to be available for the shifts that are selected on this form. Please choose carefully, selections may not be changed once this form has been submitted.
- ✓ **Applicants must be available for all in-service training dates, in addition to the 2 day training April 30-May 1, listed on the Information Sheet.**
- ✓ Applicants must select the session dates they are available to participate (minimum of two and a maximum of four sessions). It is important that applicants select sessions and work shifts that do not conflict with scheduled family vacations. No additional time off will be granted.
- ✓ All applicants will be required to sign up for at least two Saturday lesson shifts between Saturday, June 11 and Saturday, August 20. The shift times are 8:45 a.m.-12:15 p.m. Signups will be taken at the Orientation on Wednesday, April 27.

Mark Choice Here	Area/Activity	Age Requirement	In-service Training Date	Days	Times	Location	Session Dates Check off your available dates Minimum of 2 and Maximum of 4
<u>AQUATICS</u>							
Junior Lifeguards will assist swim instructors and be responsible for administrative and cleaning tasks.							
	A.M. Swim Lessons	Ages 11-14	Sunday, June 5 1-4 p.m.	Mon-Thurs	8:45 a.m.- 1:15 p.m.	Aquatic Center	<input type="checkbox"/> June 13-23 <input type="checkbox"/> June 27-July 7 <input type="checkbox"/> July 11-21 <input type="checkbox"/> July 25-August 4 <input type="checkbox"/> August 8-18
	Recreational Swim	Ages 11-14	Sunday, June 5 1-4 p.m.	Mon-Thurs	12:45-2:45 p.m.	Aquatic Center	<input type="checkbox"/> June 13-23 <input type="checkbox"/> June 27-July 7 <input type="checkbox"/> July 11-21 <input type="checkbox"/> July 25-August 4 <input type="checkbox"/> August 8-18
	P.M. Swim Lessons	Ages 11-14	Sunday, June 5 1-4 p.m.	Mon-Thurs	2:45-7 p.m.	Aquatic Center	<input type="checkbox"/> June 13-23 <input type="checkbox"/> June 27-July 7 <input type="checkbox"/> July 11-21 <input type="checkbox"/> July 25-August 4 <input type="checkbox"/> August 8-18
	Swim Team Assistant/ P.M. Swim Lessons	Ages 11-14	Sunday, June 5 1-4 p.m.	Mon-Thurs	2:45-8:15 p.m.	Aquatic Center	<input type="checkbox"/> June 13-23 <input type="checkbox"/> June 27-July 7 <input type="checkbox"/> July 11-21 <input type="checkbox"/> July 25-August 4 <input type="checkbox"/> August 8-18