

_____ ALL MALE TEAM

_____ ALL FEMALE TEAM

_____ COED TEAM

2009 MICHIGAN LIFEGUARD COMPETITION REGISTRATION FORM

(Each contestant must fill out an individual form.)

Name: _____

Address: _____

Email Address: _____

Phone: Area Code: _____ Phone Number _____ M _____ F _____ Age: _____

Team Partner's Name: _____

Aquatic Supervisor's Name: _____

Agency: _____

Agency Address: _____

Agency Phone: Area Code _____ Phone Number _____

Agency Email Address: _____

In consideration of your acceptance of this registration form, I hereby for myself, my heirs, executors, and administrators waive and release all rights and claims for damages I have against the MICHIGAN LIFEGUARD COMPETITION, the City of Rochester Hills, the Rochester Hills Parks & Forestry Department, representatives of the agency, successors and assigns for any and all injuries suffered in the competition, or which may arise out of traveling to, participating in, and returning from these events.

Signature: _____

Signature of Parent or Guardian (if under 18 years of age): _____

Entry Fee: \$25 per person. Please make checks payable to: **CITY OF ROCHESTER HILLS**

Mail entries and registration fees to:

LIFEGUARD COMPETITION
Parks & Forestry Department
City of Rochester Hills
1000 Rochester Hills Drive
Rochester Hills, MI 48309

For Office Use Only

Contestant # _____

Paid: _____ Amount: _____ Check: _____ Check Number: _____ Cash _____ Rec'd Shirt _____