



**Del Mar Junior Lifeguard Program**  
**PO Box 494**  
**Cardiff CA 92007**  
**turtle@delmarjg.com**

## **APPLICATION DEADLINE APRIL 1, 2010**

Thank you for your interest in becoming a Del Mar Jr. Guard Program Intern. Please read this letter carefully and feel free to email me with any questions!

### QUALIFICATIONS:

- Must be 15 ½ years old before July 1, 2010
- Must pass a 500 yard swim in under 11 minutes
- Must pass a 500 yard paddle on a rescue board (no time limit)
- Must possess a current CPR card by June 15, 2010

1. Fill out the Application Form **NEATLY**
2. Include your paragraph and letter of rec.
3. Have a parent/legal guardian complete and sign the release forms (3)
4. **Mail** completed Application, release, plus paragraph and letter of rec to: **DEADLINE 4-1-10**

**Turtleguard Inc.**  
**Del Mar Junior Lifeguard Program**  
**PO Box 494**  
**Cardiff, CA 92007**

5. When your completed application is received at the above address a DMJG Staff Member will call/ email you to set up an interview time for **SATURDAY APRIL 17, 2010**
6. **I WILL HAVE NO MAKE UP DATES. PLEASE PLAN ACCORDINGLY.**

### SWIM and INTERVIEWS

**FRIDAY APRIL 16, 2010 5:45-7:00PM** Intern Swim Try out 500 yards crawl stroke swim in under 11 minutes. San Dieguito Boys and Girls Club- Pardee Aquatic Center (Boys and Girls Club Pool) 533 lomas Santa Fe Dr Solana Beach CA 92075. Please bring \$4.00 to pay for your pool use. Everyone will need to stay until all applicants have finished swimming.

**SATURDAY APRIL 17, 2010** The Junior Lifeguard Instructors will be holding Intern Interviews at the **20<sup>TH</sup> St Lifeguard Tower in Del Mar** (you will be contacted to arrange a specific time slot).

**IF you are selected you will be required to:** [a specific letter with instructions will explain in detail]

1. Obtain a work permit from your school and return it to Turtle by May 1- do not do this with out direction from Turtle
2. Return all new hire forms [COMPLETED] to Turtle by May 1
3. Attend DMJG Intern training in May, dates TBA (pass a 500 yard swim and paddle in the ocean)
4. Possess a current CPR card (you **MUST** have a valid CPR card on file before JUNE 15, 2010 or you will not be working as a DMJG INTERN!) For more information go on line and look up American Heart Assoc. or Red Cross, then find a CPR class to attend.
5. Purchase your own pair of fins- duck feet, viper, custom X-any fins that do not have a right and left foot.

I strongly recommend asking an adult or reading up on interview skills, appropriate attire, and any helpful hints for interviewing. This will be a formal interview. I also recommend swimming a bit before April 16<sup>th</sup>! Remember it is 500 yards in less than 11 minutes, Pass or Fail. If you do not pass the swim you can not interview or work.

Please feel free to email with any questions; I would like to speak with you and not your parents because this will be your job! [turtle@delmarjg.com](mailto:turtle@delmarjg.com)

**GOOD LUCK!**  
**TURTLE**



**Del Mar Junior Lifeguard Program**  
**PO Box 494**  
**Cardiff CA 92007**  
**turtle@delmarjg.com**

Turtleguard Inc.  
INTERN APPLICATION 2010

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

Please list your experience and qualifications in each category below: use another sheet of paper if necessary

Experience with a Jr. Lifeguard Program (including names of Instructors)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a current CPR card? \_\_\_\_\_ If yes, please include a Xerox copy with your application.

Other swimming, physical fitness, ocean related experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other leadership and youth program experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*On another piece of paper please write a paragraph that best describes yourself and why you would be an asset to the Del Mar Junior Lifeguard Program and include it with your application.**

**\*Please include 1 letter of recommendation from a teacher, coach, employer, adult authority figure.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

INTERN NAME \_\_\_\_\_

**2010 DEL MAR JUNIOR LIFEGUARD PROGRAM  
WAIVER OF LIABILITY, EXPRESS ASSUMPTION OF RISK AND INDEMNITY  
(Please read carefully 3 pages)**

In consideration of the acceptance of the application of \_\_\_\_\_, “the participating minor/Intern” for participation in the Del Mar Junior Lifeguard/Little Turtle Program, and with complete understanding that the participating minor shall take a physical test of swimming skills and also will engage in various physical activities on the beaches and waters of the Pacific Ocean, I, (we) the parent(s)/legal guardian of the participating minor, intending to be legally bound, do hereby for myself, my heirs, executors, administrators, and the participating minor, hereby represent and agree as follows:

1. **ACKNOWLEDGMENT OF RISKS.** I acknowledge that by participation in the Junior Lifeguard/Little Turtle Program the participating minor will engage in various dangerous or potentially dangerous water sport and other water recreational activities including, but not limited to, ocean swimming, diving, wading, beach running, surfing, body boarding, body surfing, boating, ultimate Frisbee, throwing and catching balls, or other similar activities. I am aware that these activities involve many inherent risks, dangers and hazards, including but not limited to, impact/collision with surf board(s) or other swimmer(s), skin irritations, abrasions, ear infections, severe weather conditions, dangerous ocean currents, extreme water and air temperatures, prevailing surf condition(s), undertow and rip tide, dangerous rocks, reefs, drift wood, floating objects, sea mammals, jelly fish, sting rays and other hazards and obstructions, whether marked or unmarked, all of which can cause serious injury, paralysis, and/or death.

2. **EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY.** I hereby certify that no physician, surgeon or other licensed health care practitioner has advised me, after due inquiry that the participating minor should not participate in any such Junior Lifeguard/Little Turtle Program activities. I have discussed the risks of such participation with the participating minor, and being fully informed hereby, voluntarily agree to assume responsibility and accept all risks, dangers and hazards in connection with such Junior Lifeguard/Little Turtle Program activities.

3. **TO RELEASE and forever discharge** Turtleguard Inc. and the City of Del Mar and all of their officers, employees, and agents (hereinafter, “Releasees”) and waive any and all rights and claims against Releasees, for injury, death or property damage which may hereafter accrue to me and/or the participating minor resulting from or in connection with the participating minor’s participation in the Del Mar Junior Lifeguard/Little Turtle Program and/or arising out of travel to, or returning from said Junior Lifeguard/Little Turtle Program **EVEN IF CAUSED BY THE NEGLIGENCE OF ANY OF THE RELEASEES NAMED ABOVE**, to the fullest extent permitted by law.

4. **TO HOLD HARMLESS AND INDEMNIFY** the Releasees, and each of them, from any loss, liability, damage or cost they may incur arising out of or related to the participating minor’s participation in the Del Mar Junior Lifeguard/Little Turtle Program.

5. **TO DISCUSS WITH** the participating minor and ensure the participating minor’s compliance with the rules, regulations and obligations stated in the rules and consequences and the Parent Handbook.

**I HAVE READ THIS WAIVER OF LIABILITY, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM AFFECTING AND WAIVING VALUABLE LEGAL RIGHTS, INCLUDING RIGHTS I MAY HAVE AGAINST THE RELEASEES AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL WAIVER, RELEASE AND INDEMNITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Print Minor’s name

\_\_\_\_\_  
Print name of Parent/Guardian

**PARENT/GUARDIAN AUTHORIZATION TO TREAT PARTICIPATING  
MINOR/INTERN**

I (we) the undersigned parent(s)/legal guardian of \_\_\_\_\_, the “participating minor/Intern” do hereby appoint and authorize the representatives of Turtleguard Inc., the Del Mar Junior Lifeguard/Little Turtle Program staff members and/or the City of Del Mar staff members as agent(s) for the undersigned, to administer necessary medical treatment to the participating minor/Intern and/or to admit the participating minor/Intern to a hospital emergency room for emergency medical treatment, including, but not limited to x-ray examination, anesthetic, medical or surgical diagnosis or treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act, of a Dentist licensed under the provisions of the Dental Practice Act, and of the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization to render care is given in advance of any specific diagnosis, treatment or hospital care that may be required as a result of the participating minor/Intern’s participation in the Del Mar Junior Lifeguard/Little Turtle Program, Intern Program, or Xtended Care Program. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the participating minor/Intern, but that any of the above treatment will not be withheld if the undersigned cannot be reached. I agree to pay for any medical expenses incurred. This authorization is given pursuant to the provisions of section 6910 of the California Family Code. This authorization shall remain effective until the end of September, 2010, unless sooner revoked in writing, delivered to agents of Turtleguard Inc.

**Dated:** \_\_\_\_\_  
\_\_\_\_\_ Parent/guardian Signature

\_\_\_\_\_  
Minor’s name Print name of Parent/guardian

**List any Medical Restrictions:** \_\_\_\_\_

**Allergies to Drugs or Foods:** \_\_\_\_\_

**Last Tetanus Toxoid Booster:** \_\_\_\_\_

**Any special Medications or** \_\_\_\_\_

**Pertinent Medical Information:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Telephones where Parent(s)/Guardian may be reached:**

**Mother (name)** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Father (name)** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Guardian (name)** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Additional Emergency Contact Person:**

**Name** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**VIDEO-PHOTO RELEASE**

I understand that during the Junior Lifeguard/Little Turtle Program, Intern Program, Xtended Care Program, or related activities, my photograph and/or photograph of my child may be taken by the Junior Lifeguard/Little Turtle Program, 3 Hot Shoes, its producers, sponsors, organizers, and/or agents. I agree that my photograph and/or the photograph of my child including video photography, film photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by Turtleguard Inc., the City of Del Mar, its producers, sponsors, organizers and/or its agents for educational, promotional, and/or other necessary purposes.

**SWIM TEST**

I understand my child must pass a swim test administered by the Del Mar Junior Lifeguard/Little Turtle Program Staff in the ocean or at the assigned pool on the assigned date(s) to qualify for employment as an Intern for or participant in the Del Mar Junior Lifeguard/Little Turtle Program.

**BEFORE AND AFTER HOURS**

I understand and agree that Turtleguard Inc., the Del Mar Junior Lifeguard/Little Turtle Program and/or the City of Del Mar and all of their employees and/or agents are not responsible for my child's/participating minor's safety either before or after program hours.

**REFUND POLICY**

Between March 1 and June 7, 2010 half of the participant fee will be refunded in the event a participant must cancel. **NO REFUNDS WILL BE ISSUED AFTER JUNE 7, 2010.** A written request including the reason for cancellation must be postmarked on or before June 7, 2010 and submitted to Turtleguard Inc. PO Box 494; Cardiff, CA 92007. Fees are nontransferable. Participants dismissed from the program are not eligible for refunds.

No refunds will be issued to first time participants who do not attempt the swim test during the designated dates and times for 2010. JGs/LTs who do not pass the swim test will be issued a refund less \$50.00 deposit. All refund instructions and deadlines apply.

**RULES AND CONSEQUENCES**

Please familiarize yourself and your Junior Guard with the following rules and policies.

The following actions are strictly prohibited and will result in immediate dismissal from the program:

1. Use or possession of tobacco, alcohol, or other drugs.
2. Destruction of property or other vandalism.
3. Theft of any kind.
4. Disobeying any Instructor or parent volunteer on a field trip.
5. Possession of weapons of any kind.

The following actions are prohibited and will be met with a "three strike" rule:

- Strike one: warning, phone call home
- Strike two: suspension from program
- Strike three: dismissal from program

1. Directly disobeying the request of an Instructor.
2. Damaging the environment (carving cliffs, littering, etc.)
3. Interfering with Lifeguard duties.
4. Improper conduct while in uniform (including after session) such as lying, cheating on tests or in contests, fighting or the use of profanity.
5. Showing disrespect for others (particularly other teams and the public).
6. Misuse or abuse of Junior Lifeguard equipment.
7. Unsafe ocean behavior (i.e.: entering Junior Lifeguard water Unsupervised and before or after session.)
8. Failure to wear proper uniform.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of parent or legal guardian

\_\_\_\_\_  
Date