



THE UNIVERSITY OF TENNESSEE AT MARTIN

Lifeguard Training Sign-Up Form

Name _____

Age _____

Birth Date _____

Address _____

Home Phone _____

Cell Phone _____

Email Address _____

Parent(s)/Guardian(s) Name(s) _____

Home Phone _____

Work Phone _____

Emergency Contact Person _____

Relationship to Child _____

Phone _____

INFORMATION CONCERNING HEALTH HISTORY

1. Recent illness (within the last three months) _____
2. Chronic illness or allergies _____
3. Medications taken on a regular basis _____
4. Health insurance company _____



All qualified applicants will receive equal consideration for employment and admissions without regard to race, color, national origin, religion, sex, pregnancy, marital status, sexual orientation, gender identity, age, physical or mental disability, or covered veteran status. Eligibility and other terms and conditions of employment benefits at The University are governed by laws and regulations of the State of Tennessee, and this non-discrimination statement is intended to be consistent with those laws and regulations. In accordance with the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, The University affirmatively states that it does not discriminate on the basis of race, sex, or disability in its education programs and activities, and this policy extends to employment by the University. Inquiries and charges of violation of Title VI (race, color, national origin), Title IX (sex), Section 504 (disability), ADA (disability), Age Discrimination in Employment Act (age), sexual orientation, or veteran status should be directed to the Office of Equity and Diversity (OED), Gooch Hall, Room 240F, Martin, TN 38238, telephone (731) 881-7847 (V/TTY available) or (731) 881-7202. Requests for accommodation of a disability should be directed to the ADA Coordinator at the Office of Equity and Diversity. E05-0235-00-004-11

PARENT/LEGAL GUARDIAN CONSENT

As parent/legal guardian, I certify, to the best of my knowledge, that the above-named person is in good health and has not been exposed to any infectious disease in the past three weeks. I grant my permission for the above-named person to be treated an/ or hospitalized by a licensed physician if needed.

Name _____

Signature _____

Date _____

For Office Use Only
Date Paid
Amount \$ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
Received by
Receipt #

Make checks payable to UT Martin

Office of Campus Recreation
Student Recreation Center
95 Mt. Pelia Road
Martin, TN 38238

