



Summer Sailing Registration

Date _____

Sailor's Name _____ Birthday _____

Address _____

_____ City _____ State _____ Zip _____

Mothers Name _____

Home # _____

Cell/Work # _____

Fathers Name _____

Home # _____

Cell/Work # _____

Emergency Contact Name _____

Phone # _____

(This person will be in a notebook carried around with the instructor at all times)

What are your personal goals you hope to achieve during and after you learn to sail?

1. _____

2. _____



Medical

Parent/Guardian _____
Last First Middle

Child's Name _____
Last First Middle

Date of Birth _____ Sex (M or F) _____

Preferred Physician _____ Phone # _____

Health Insurance Provider _____ Policy # _____

Physical Handicaps (specify injured body parts, weakness, glasses, contacts, hearing etc.)

Bones and Joints _____

Muscles _____

Organs _____

Weight _____

Other _____

Psychological Handicaps (anxieties, fears, hyperactivity, hypersensitivity etc.)

Chronic Aliments

Respiratory Problems _____

Circulatory Problems _____

Diabetes _____

Epilepsy _____

Hemophilia/Bleeding Problems _____

Allergies

Foods _____

Insects _____

Medications _____

Current Medications _____ Date of Last Tetanus Shot _____



Authorization to Consent Treatment of a Minor

The undersigned parent or guardian of the above child, a minor, does hereby consent to any emergency X-Ray, MRI, anesthetic, medical or surgical diagnosis or treatment and/or hospital care which is deemed advisable by, and rendered, under the general and special supervisor of, a physician licensed under the laws and regulations of the State of Florida.

It is understood that this authorization is given in advance of any such emergency and in advance of any specific diagnosis, treatment or hospital care which may be required and is given to provide the authority and power on the part of the agents of the Naples Community Sailing Center to give specific consent to and all such diagnosis, treatment or hospital care which the afore said physician, in the exercise of his best professional judgment, may deem advisable, and neither said agent of the Naples Community Sailing Center assumes any financial responsibility for the exercise of such authority or power.

This authorization shall remain in effect until such time as it is revoked in writing by the undersigned.

Parent/Guardian Signature _____

Print Name _____ Date _____

Parent/Guardian Signature _____

Print Name _____ Date _____



Parent Consent

Waiver of Liability-Assumption of Risk-Indemnity Agreement

The undersigned parent or legal guardian of child _____, request that the child be allowed to participate at the Naples Community Sailing Center (herein referred to as NCSC) in the Summer/Racing Program (herein referred to as “the activities”).

This agreement shall remain in effect until the NCSC receives written notice of the cancellation of the consent or until the end of the activities.

In the return for the children being permitted to take part in the activities and to use the facilities and property of the NCSC, each of us makes the following promises and warrants the truth of the following facts:

1. I am familiar with the programs included in the activities, and I understand officers and employees of the NCSC are available to discuss the activities if I should wish additional information. I also understand that I am solely responsible for the arrival and departure of my child at the beginning and end of each day’s program. I will not allow my child to remain on the premises of the NCSC after each day’s program without appropriate supervision or the written permission of the NCSC. I agree that the NCSC will have no responsibility for the supervision of my child at times other than during the scheduled activities, I will inform my child that he/she is expected to cooperate with, and follow the directions of. The persons in charge of the activities and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.
2. My Child is in good health, and I know of no reason why he/she would be incapable of participating in the activities. My child knows how to swim. I will immediately notify the designated NCSC supervisor if a change in my child’s health or other condition that would affect my child’s ability to participate in the activities.

Waiver of Liability

I waive and release any right I, my heirs, distributees, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of or prosecute the Naples Community Sailing Center or any of its members, directors, officers agents, instructors and affiliated organizers. Herein referred as “the releases” for monetary damages caused by injury to my child or damage to the property of my child or myself arising from my child’s participation in the activities and use of the facilities and property of the Naples Community Sailing Center, whether or not the injury or damage results from the negligence or other action, except intentional acts, of any of the releases.



Assumption of Risk

I am aware that the activities may involve maneuvering a boat or other watercraft on water in potentially hazardous conditions which may include, among other things, strong winds, waves, sudden and unexpected immersion in water and collision with other watercraft of stationary objects such as docks, pilings and buoys. With knowledge of the dangers involved, I voluntarily ask that my child be allowed to take part in the activities.

I ACCEPT ANY AND ALL RISKS TO MYSELF AND MY CHILD OF INJURY, DEATH AND PROPERTY DAMAGE, ARISING FROM PARTICIPATION IN THE ACRTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF THE NAPLES COMMUNITY SAILING CENTER, WHETHER OR NOT CAUSED BY THE NEGLENGENCE OR OTHER ACTION, EXCEPT INTENTIONAL ACTS, OR ANY OF THE RELEASES.

Indemnity Agreement

I agree to indemnify and hold the releases harmless from any loss, liability, damage or cost, including reasonable attorney’s fees, that may occur due to my child’s participation in the activities and use of the property and facilities of the Naples Community Sailing Center whether or not such loss, liability, damage or cost results from the negligence or other action, except intentional acts, or any of the releases.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES A WAIVER OF LIABILITY, AND AN ASSUPMTION OF RISK, AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASES, AND II SIGN IT OF MY OWN FREE WILL.

Parent/Guardian Signature _____

Print Name _____ Date _____

Parent/Guardian Signature _____

Print Name _____ Date _____



Statement of Understanding
Minor

The basic sailing program you are about to begin is an exciting and demanding challenge, but you need to be aware of what will be involved in the course and be willing to study and practice to achieve success.

A swim test is required of all students, which consists of swimming 50 yards in the water in the area you will be sailing, in sailing clothing, including shoes. The attached application and parental liability release form must be completed and signed by your parents.

You will be required to provide your own personal flotation device (PFD) which should be Coast Guard approved, the proper size for your weight and build, and be form fitting and comfortable, as you will be wearing it at all times while sailing. Put your name on it with water proof ink. Shoes will also be worn at all times, both in the boats and on the docks and piers. Bring a change of clothes and towel to each practice. You will also need a whistle that must be attached to your PFD at all times.

I understand that in entering this sailing program I agree to obey all program rules as set forth by any program directors and the coaches, that I will use utmost care in the use of the boats and equipment, that I will not engage in any horseplay or other disruptive behavior. I understand that failure to attend regularly, arrive promptly, and abide by the rules may result in my suspension from the program.

Student Signature _____

Parental Agreement:

I/We understand the contents of this statement and agree to see to it that our child adheres to the program rules. I/We agree to assume the obligation for the expenses of repair and/or replacement of center/program equipment that is attributable to my child's reckless or irresponsible behavior. I/We agree to make an appointment for parent-coach conference if requested.

Parent/Guardian Signature _____

Print Name _____ Date _____

Parent/Guardian Signature _____

Print Name _____ Date _____