

Health/Emergency Sailing Camp Participation Form

Child's Name (last) _____ (first) _____ DOB _____

Address _____ Zip _____

Home telephone number _____

Mother's Name _____ Home # _____ Work# _____

Cell# _____

Father's Name _____ Home # _____ Work # _____

Cell # _____

Pertinent Medical Information

Check if the child is allergic to any of the following:

bee stings poison ivy penicillin

insect bites foods

other – please explain _____

Does your child take any medications? Does your child need this medication during the camp day?

If yes, please fill out medication authorization form.

List any specific restrictions on child's activities (emotional or physical)

Is there any other information that might be helpful to a staff person working with your child? _____

Date of last Tetanus shot _____

Emergency Contact Information-

This person must be other than parents listed above and that they are aware that they are listed as emergency contacts.

Name _____ Home # _____ Work # _____

Permission for Medical Attention

I (we) the undersigned parent, parents or legal guardian of _____, a minor, do hereby request that (s)he be permitted to attend Vashaw Ent Inc/ Washington Sailing marina sailing programs during this year: : should the need arise, I do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of Virginia Department of public health. It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable Vashaw Ent Inc/ Washington sailing Marina Sailing programs, its officers, or leaders for medical aid rendered . **parent signature** _____

Health Insurance : Name of Insurer _____ Policy # _____

Both sides of this form must be filled out completely and handed in the first day of camp for participation in the program.

YOUTH - Washington Sailing Marina / Washaw Ent., Inc / Summer Sailing Camp

All participants must read and sign this document and return the form at the time for class. If classes are being provided to a minor, then either a parent of legal guardian must read and sign this form. Your signature indicates that you understand and agree.

Program Rules

I/we understand that my child must adhere to the program rules. This includes wearing a life jacket and shoes at all times when on or near the water. I/we also certify that my child is able to swim 25 yards unassisted and tread water for 3 minutes. I/we assume the obligations for the expenses of repair and/or replacement of damaged program equipment that is attributable to my child's reckless or irresponsible behavior. I understand that my child may be removed from the program without refund if his/her behavior is deemed inappropriate or unacceptable pursuant to the program rules

Parent Signature

Participant acknowledgement of program rules _____
Child's signature

Vashaw Ent Inc/ Washington Sailing Marina Sailing Camps reserves the right to photograph program participants for publicity purposes. **INITIAL** _____

VISITOR'S ACKNOWLEDGEMENT OF RISKS

In consideration of the services of Guest Services, Inc., their officers, agents, employees and all other persons or entities associated with those businesses (herein collectively referred to as "GSI") I agree as follows:

Although GSI has taken reasonable steps to provide me with appropriate equipment and instructions so I can enjoy an activity for which I may not be skilled, GSI has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. GSI does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks:

For bicycle rental, tennis, boat rental (including kayaks, rowboats, canoes, paddle boats, sailboats, and sculls), ice skating, and horseback riding: abrasions, contusions, muscle and other soft tissue strains and bruises, fractured bones, injuries to joints including knees, ankles and elbows, dislocations, concussions, and cardiovascular injuries including heart attacks and strokes. While the likelihood of serious injury is small, some of these injuries, by themselves or in combination, may lead to serious injury or even death.

I am aware that these activities entail risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the staff of GSI has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, as a result of my negligence in participating in this activity. I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family, including minor children.

Signature _____ Date _____

Signature of Parent or Guardian, if participant is under 18 years of age

Signature _____ Date _____

Pick up Authorization: list people who are authorized to pick up from camp- please list a cell phone number .

1) _____ cell phone _____

2) _____ cell phone _____

3) _____ cell phone _____

4) _____ cell phone _____

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