

SUMMER SAIL CAMP
REGISTRATION FORM

LAST NAME _____ FIRST NAME _____

NICKNAME (IF ANY) _____ SHIRT SIZE YOUTH: SM M L
ADULT: SM M L XL

AGE _____ DOB _____

SAILING EXPERIENCE: (CIRCLE) NO / YES (YEARS) _____

MEMBER: YES _____ NO _____ CLUB # _____

MOTHER'S NAME _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____

FATHER'S NAME _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____

IN THE EVENT THAT THE PARENTS CANNOT BE REACHED; PLEASE PROVIDE AN EMERGENCY CONTACT

EMERGENCY CONTACT NAME _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

SESSIONS ATTENDING

_____ SESSION 1 PAYMENT RECEIVED: DATE _____ AMOUNT: _____
CHECK# _____ CASH _____ MEMBER CHARGE# _____
CREDIT CARD(VISA OR MASTER CARD ONLY) _____

_____ SESSION 2 PAYMENT RECEIVED: DATE _____ AMOUNT: _____
CHECK# _____ CASH _____ MEMBER CHARGE# _____
CREDIT CARD(VISA OR MASTER CARD ONLY) _____

_____ SESSION 3 PAYMENT RECEIVED: DATE _____ AMOUNT: _____
CHECK# _____ CASH _____ MEMBER CHARGE# _____
CREDIT CARD(VISA OR MASTER CARD ONLY) _____

_____ SESSION 4 PAYMENT RECEIVED: DATE _____ AMOUNT: _____
CHECK# _____ CASH _____ MEMBER CHARGE# _____
CREDIT CARD(VISA OR MASTER CARD ONLY) _____

SUMMER SAIL CAMP

CONSENT FORM

***MUST BE COMPLETED ALONG WITH REGISTRATION FORM
(ONE PER CHILD)**

CHILD'S NAME: _____

**PONTCHARTRAIN YACHT CLUB SUMMER SAILING CAMP
PARENT'S CONSENT**

WAIVER OF LIABILITY-ASSUMPTION OF RISK-INDEMNITY AGREEMENT

The undersigned parent or legal guardians (hereafter referred to in the singular) of _____ (herein referred to as the "child"), request that the child be allowed to participate at Pontchartrain Yacht Club (herein referred to as PYC) junior activities (herein referred to as "the activities").

This agreement shall remain in effect for the duration of the membership, or until the end of the activities described above or upon PYC's receipt of written notice of the cancellations of the consent.

In return for the child being permitted to take part in the activities and to use the facilities and property of PYC, 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 understand officers and employees of PYC are available to discuss the activities if I should wish additional information. I also understand 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 premise of PYC after each day's program without appropriate supervision or the written permission of PYC. I agree PYC will have no responsibility for the supervision of my child at times other than during the scheduled activities. I am aware that it is at the discretion of the instructor, counselors, or those in charge to decide when water activities are safe for my child. In the event that being on the water poses too high of a risk, the child will engage in indoor sailing instruction/activities. I will inform my child that he/she is expected to cooperate with, and follow the directions of the person(s) in charge of the activities and to act in a manner consistent with the spirit of good sportsmanship and respect the rights of others. For the safety of my child and the other campers, if the staff is required to discipline my child, I am aware of the following procedure: 1st time – Head Instructor to discipline by removing child from activities or assist in extra duties, 2nd time- a meeting with the head instructor, PYC Board member(junior chairperson) and parents, 3rd time – board member has the right to remove the child from camp with no refund. **(PLEASE INITIAL TO INDICATE YOU HAVE READ THIS PARAGRAPH._____)**

2. My child is in good health, and I know of no reason why he/she would be incapable to participate in the activities. My child knows how to swim. I will immediately notify the designated PYC supervisor, if a change in my child's health or other conditions would affect my child's ability to participate in the activities. **(PLEASE INITIAL TO INDICATE YOU HAVE READ THIS PARAGRAPH._____)**

WAIVER OF LIABILITY: I waive and release any right I, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of, or prosecute PYC or any of its members, directors, officers, agents, employees, and affiliated organizations (herein referred to as "the releases") for monetary damages caused by injury to myself or damage to the property of myself arising from the participation in the activities and use of facilities and property of PYC, whether or not the injury results from the negligence or other action, except intentional acts, of any of the releases. **(Please initial to indicate you have read this paragraph. _____)**

4. **ASSUMPTION OF RISK:** I am aware that the activities may involve maneuvering a boat, sailboard or other watercraft on deep waters in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep waters and collisions with other watercraft or 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 MY CHILD OF INJURY, DEATH AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF PYC, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTION, EXCEPT INTENTIONAL ACTS. **(Please initial to indicate you have read this paragraph. _____)**

5. **INDEMNITY AGREEMENT:** I agree to indemnify and hold Pontchartrain Yacht Club harmless from any loss, liability, damage or cost, including reasonable attorney fees, that may incur due to my participation in the activities and the use of the property and facilities of PYC, whether or not such loss, liability, damage or cost results from negligence or other action, except intentional acts, of any person. **(Please initial to indicate you have read this paragraph. _____)**

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

DATE: _____

SIGNATURE _____

(PLEASE PRINT NAME)

AUTHORIZATION TO CONSENT TREATMENT FOR CHILD.

I _____ do hereby consent to any emergency X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of any physician and surgeon licensed under provision of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power of the part of our aforesaid agent (s) to give specific consent to any and all such diagnosis, treatment or hospital care, which the aforementioned physician in the exercise of his best judgment may deem advisable: and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

1. FAMILY DOCTOR _____ PHONE: _____

2. FAMILY DENTIST _____ PHONE: _____

3. PERSON TO CONTACT IN EMERGENCY:

1. _____ 2. _____

PHONE _____ PHONE _____

4. MEDICAL CONCERN OR ANY LEARNING DISABILITIES _____

5. KNOWN ALLERGIES: _____

6. HOSPITAL INSURANCE PLAN NAME & NUMBER _____

SIGNATURE