



Office Use Only
Fee Paid _____
Date Paid _____
Session _____

## Youth Registration for Youth/Adult Sailing Class

Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_  
Print First, Middle Initial and Last Name

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_ Sex \_\_\_\_\_

### Parent(s)/Guardian(s) Complete the Following if Applicant is a Minor:

Parent(s)/Guardian(s) Full Name(s) \_\_\_\_\_

Address, if different from applicant's \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Father's Work # \_\_\_\_\_ Mother's Work # \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_ E-mail address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Applicant's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Blood Type \_\_\_\_\_ Date of Last Tetanus Injection \_\_\_\_\_

(over)

**Medical Information:**

Please check if the applicant has any of the following medical conditions: Asthma or other respiratory condition \_\_\_\_\_ ; heart conditions \_\_\_\_\_ ; Diabetes or Hypoglycemia \_\_\_\_\_ ; Epilepsy/seizure disorder \_\_\_\_\_ ; or Hemophilia or other blood disorder \_\_\_\_\_.

Please check if the applicant is allergic to insect bites \_\_\_\_\_ , bee stings \_\_\_\_\_ , drugs or certain medications \_\_\_\_\_. If the applicant is allergic to medications, please note which ones: \_\_\_\_\_

If the applicant has any other medical conditions or disabilities that could affect his/her ability to learn to sail, please explain what they are: \_\_\_\_\_

*If you've checked any of the above, please attach a signed statement from the applicant's doctor noting the extent of the medical condition, its stability and whether in the doctor's professional opinion it is appropriate for the applicant to participate in the Program.*

**Course Information:**

Select the course you want and list the section you would like to attend in order of preference:

Preferred Time Period for Class: Weekday \_\_\_\_\_ Weekend \_\_\_\_\_

**General Information:** How did you hear about the Program's youth/adult sailing class?

\_\_\_\_\_

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Return to the River Cities Community Sailing Program, P.O. Box 8111, Louisville, KY 40257-8111, along with a check for the course fee.**

For Instructors Use Only:

Course Passed \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_



## **Youth/Adult Class Youth Program's Parent Consent and Waiver of Liability Agreement**

The undersigned parents or legal guardians (hereafter referred to in the singular) of \_\_\_\_\_ (herein referred to as the "youth"), request that this  
Youth's Name

youth be allowed to participate in River Cities Community Sailing Program's (RCCSP's) sailing/racing classes or Friday Evening Sailing and Pizza events (herein referred to as "the activities").

This agreement shall remain in effect until the conclusion of the activity or the River Cities Community Sailing Program receives written notice of the cancellation of the consent.

In return for my child being permitted to take part in the activities and to use the facilities and property of River Cities Community Sailing Program each of us makes the following promises and warrants the truth of the following facts:

1. I/We are familiar with the sailing/racing classes, and I/we understand that officers and/or employees of River Cities Community Sailing Program are available to discuss the activities if I/we should wish additional information. I/We also understand I/we are solely responsible for the arrival and departure of my/our child at the beginning and end of each day's program. I/we agree that River Cities Community Sailing Program will have no responsibility for the supervision of my/our child at times other than during the scheduled class. I/We will inform my/our child that she/he is expected to cooperate with, and follow the directions of, the persons in charge of the class and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.
2. My/Our child is in good health, and I/we know of no reason why he/she would be incapable of participating in the class. I/We will immediately notify the designated River Cities Community Sailing Program or Youth Program Administrator, if a change in my/our child's health or other condition would affect his/her ability to participate in the activities.
3. **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 River Cities Community Sailing Program or any of its members, officers, board members, instructors, staff members, volunteers and affiliated organizations (herein referred to as "the releasees") for monetary damages caused by the injury to my child or damage to the property of my child or myself arising from my child's participation in the activity and use of the facilities and property of River Cities Community Sailing Program, whether or not the injury or damage results from the negligence or other action, except intentional acts, of any of the releasees.

- 4. ASSUMPTION OF RISK: I am aware that the activities may involve maneuvering a sailboat 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 collision 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/WE ACCEPT ANY AND ALL RISKS TO MY/OUR CHILD OF INJURY, DEATH, AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF RIVER CITIES COMMUNITY SAILING PROGRAM, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTION, EXCEPT INTENTIONAL ACTS, OF ANY OF THE RELEASEES.
- 5. INDEMNITY AGREEMENT: I/We agree to indemnify and hold the releasees harmless from any loss, liability, damage or cost, including reasonable attorneys fees, that may incur due to my/our child's participation in the activities and use of the property and facilities of RCCSP, whether or not such loss, liability, damage or cost results from negligence or other action, except intentional acts, of any of the releasees.
- 6. MODEL RELEASE: I/We agree to allow the River Cities Community Sailing Program to use any photographs, video tapes, motion pictures, audio recording or any other records of the activity and to do so without notice or compensation to myself/ourselves or my/our child.
- 7. SEVERABILITY: If a provision of this Agreement is or becomes illegal, invalid or unenforceable in any jurisdiction, that shall not affect the validity or enforceability of any other provision of this Agreement in that jurisdiction; or the validity or enforceability of that or any other provision of this Agreement in other jurisdictions.
- 8. JURISDICTION: This agreement shall be construed under the internal laws of the Commonwealth of Kentucky without regard to its choice of law and/or conflict of law provisions. The proper venue and original jurisdiction for all actions or proceedings arising out of or relating to this agreement shall be in the state or federal courts of Jefferson County, Kentucky, and the participant hereby waives any defense of venue and inconvenient forum for the purpose of maintaining any such action or proceeding.

This agreement constitutes the entire agreement between the participant and the RCCSP with respect to the matters herein and supersedes any previous understandings or agreements between the parties, whether oral or implied. It may not be amended or otherwise supplemented except by a written agreement between the participant and an authorized representative of RCCSP.

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

Date: \_\_\_\_\_

Parent(s)/Guardian's Name (print): \_\_\_\_\_

Parent(s)/Guardian's Signature: \_\_\_\_\_



## Youth Emergency Treatment Authorization

I/We the undersigned parent(s) or legal guardian of \_\_\_\_\_,  
Name of youth  
(the youth), a minor, hereby authorize the River Cities Community Sailing Program, Inc., its officers or employees to take whatever actions they believe are warranted under the circumstances for the health and safety of the youth, including transporting or arranging transportation and placing the youth in the care of a hospital and/or any licensed doctor, dentist or other health care professional. I/We further hereby authorize and consent to any x-ray, examination, anesthetic, surgical or other medical diagnosis, treatment or care (in or out of a hospital) of the youth rendered by a licensed medical doctor, dentist or other health care professional, at my/our cost and expense. It is understood that this authorization is given in advance of any such diagnosis, treatment or care that may be provided to the youth in order to provide the authority and power to render any such diagnosis, treatment or care which any such licensed doctor, dentist or other health care professional, in the exercise of his /her professional judgment, may deem advisable. It is understood that reasonable effort shall be made before securing emergency treatment to contact the undersigned based on the information provided in the registration form for the youth, that that any treatment or care may be provided to the youth if the undersigned cannot be reached immediately.

Accepted and signed the \_\_\_\_\_ day of \_\_\_\_\_, 2010

\_\_\_\_\_  
Signature of Parent or Guardian