

NWISA 2019 NORTH REGIONAL REGATTA

Saturday, March 2

NAME _____ BIRTH DATE _____ Gender: F M
PARENT EMAIL _____ HEIGHT _____ WEIGHT _____
HOME ADDRESS _____ HOME # _____
PARENT'S NAME(S) _____ WORK # _____
EMERGENCY CONTACT _____ PHONE _____

MEDICAL AND EMERGENCY INFORMATION

Physical Handicaps (Please specify missing or injured bodily parts, weakness, eye glasses, contacts, hearing aids, etc.)

Please check ✓ those that apply:

Chronic Ailments:

_____ Asthma, or other respiratory problems
_____ Circulatory or heart problems
_____ Diabetes or Hypoglycemia
_____ Epilepsy
_____ Hemophilia, or other bleeding problems (nose bleeds)

Allergies:

_____ Insect Bites
_____ Bee Stings
_____ Foods
_____ Others, if significant

Comments: _____

Current Medications if any: _____

Family Physician _____ Phone _____

I hereby authorize the Hospital to treat my child if he/she is presented to the emergency room for treatment in my absence.

Signature (Parent or Guardian)

HOLD HARMLESS FORM

ASSUMPTION OF RISK AND RELEASE FORM: Injuries to participants in small craft programs may occur from risks inherent in the sport or activity; from placing stress on the body that it has not been prepared for; from accidents in learning or practicing techniques; from failing to follow training, safety or racing rules; from use of transportation to and from regattas, races, and other events and from administration of first aid. For example, I might slip and fall; I might be struck by part of a boat; my boat might capsize or I might throw overboard into the cold water; I may hit another boat or run into an obstruction or on to the shore, and the collision may injure me. The severity of the injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury such as paralysis or even death. I will be exposed to the weather, including rain, wind, cold, and sun. I might become ill through chill or suffer sunburn and heat exhaustion. In order to avoid injuries I will obey the directions of my instructors and will follow all the safety rules. I will tell my instructor about any limitations or medical restrictions on my participation.

I(we) am/are the parent(s) or legal guardian of the above-named child, who desires to be a participant in the City of Anacortes sponsored recreational activity of sailing. It is important to me(us) that this child be allowed to participate in this activity. I(we) understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City's allowing my child to participate in this sponsored activity I(we), on behalf of myself(ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities. I(we) further agree, individually and on behalf of the above-named child, to release and hold harmless the City of Anacortes, the Port of Anacortes, its officials, employees, volunteers and agents and agree to waive any right of recovery that I(we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the Child's voluntary participation in this activity. I(we) grant my(our) full and voluntary consent for the above-named child to participate in the activity described above.

STUDENT'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

OVER

OVER

STATEMENT OF UNDERSTANDING

THE SAILING CLUB YOU ARE ABOUT TO BEGIN IS AN EXCITING AND DEMANDING CHALLENGE, AND YOU NEED TO BE AWARE OF WHAT WILL BE INVOLVED IN THE PROGRAM AND BE WILLING TO STUDY AND PRACTICE TO ACHIEVE SUCCESS.

YOU WILL BE REQUIRED TO PROVIDE YOUR OWN PERSONAL FLOTATION DEVICE (PFD), WHICH MUST BE COAST GUARD APPROVED, THE PROPER SIZE FOR YOUR WEIGHT AND BUILD, AND BE FORM-FITTING AND COMFORTABLE. YOU WILL WEAR YOUR PFD WHILE ON THE WATER AND WHILE ON THE DOCK. ANACORTES PARKS AND RECREATION DEPARTMENT AND THE PORT OF ANACORTES WILL NOT BE RESPONSIBLE FOR ANY LOST OR STOLEN EQUIPMENT OR GEAR.

ALSO, I UNDERSTAND THAT BILLETING WILL TAKE PLACE AT ANACORTES HIGH SCHOOL AND VOLUNTEER CHAPERONES WILL BE ONSITE. I PROMISE TO BE RESPECTFUL TO THE CHAPERONES AND TO THE SCHOOL FACILITIES. FAILURE TO DO SO MAY INVOLVE MY REMOVAL FROM THE BILLETING PREMISES.

I understand that in entering this sailing club I agree to obey all program rules as set forth by the program director and the coach, that I will use the 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'S SIGNATURE _____ DATE _____

PARENTAL AGREEMENT (if student is a minor):

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

PARENT/GUARDIAN SIGNATURE DATE