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| Applicant Information Section |
| Student name: |  |  |  | Birthdate: |  |
|  Last | First | M.I. |   |
| Address: |  |  |
|  Street Address | Apartment/Unit # |
|  |  |  |  |
|  City | State | ZIP Code |
| Name ofparent/guardian: |  | E-mailaddress: |  |
| Home phone: |  | Work phone: |  | Cell phone: |  |
| Are you currently a member of GRSA? | YES[ ]  | NO[ ]  | If no, are you interested injoining GRSA? |  |
| Will you personally be transporting the student to and from GRSA? | YES[ ]  | NO[ ]  | If no, name of person youauthorize to transport child: |  |
| Can the student swim 50 yards? | YES[ ]  | NO[ ]  |
| Level of Instruction and Course Dates (ex. Junior-Level I-June 19-23) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Medical Release/Emergency Contact Section |
| In case you cannot be reached, please provide names of those who can be contacted in case of an emergency: |
|  Name: |  | Relationship: |  | Daytime phone #: |  |
|  Name: |  | Relationship: |  | Daytime phone #: |  |
| Authorization for Emergency Medical Treatment |
| Let it be known that the undersigned, a legal resident at the address specified above and the lawful parent/guardian having custody of the student identified above, has made, constituted and appointed, and by these presents do make, constitute and appoint, personnel of the Greater Richmond Sailing Association, Inc. (GRSA) Junior Sailing Program to act for me and in my name place and stead to perform any and all acts herein set down, as fully to all intents and purposes as I might or could if personally present, with full power of substitution and revocation, hereby ratifying and confirming all the GRSA Junior Sail Camp personnel shall do or cause to be done by virtue of this power, to wit: **AUTHORIZE ANY AND ALL MEDICAL AND HOSPITAL CARE AND TREATMENT, INCLUDING MAJOR SURGERY, DEEMED NECESSARY BY A DULY LICENSED PHYSICIAN OR DULY LICENSED STAFF PHYSICIAN AT ANY MEDICAL FACILITY WHICH IS NECESSARY FOR THE HEALTH AND WELL BEING OF THE STUDENT NAMED HEREIN.** |
| I agree with the preceding statements: | [ ]  Yes (sign on last page) [ ]  No |

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| Student’s physician: |  |  | Physician’s phone #: |  |
|  | *Last* | *First* |  |  |
| Address: |  |  |  |
|  | *Street Address* | Date of last  |  |
|  |  |  |  |  tetanus shot: |  |
|  | *City* | *State* | *ZIP Code* |  |  |
| Insurance carrier: |  | Policy ID number: |  |
| Child’s medical information or history (such as allergies, medications, etc.)  |  |
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| Liability Release Section |
| Acceptance of Responsibility for Minor’s Act |
| 1. I am the parent/guardian of the student identified in the first page of this application, and I have full/partial custody and control of the minor.
2. I am aware that my minor child desires to participate in the GRSA Junior Sailing Program and I fully consent to his/her participation in the sailing program.
3. I further understand that my child’s participation in the sailing program could result in injury to other persons or damage to other watercraft, giving rise to suits or claims for compensation, and I agree to be financially responsible for any damages caused by my child outside of normal wear and tear expected.
4. In consideration of being permitted to participate in the GRSA Junior Sailing Program, I certify that my child is a swimmer and will be required to furnish and wear a USCG approved life jacket for all on-the-water activity.
5. I further understand that by my child’s participation, I am undertaking to indemnify and hold harmless the officers, employees, agents and other personnel of GRSA from any and all liability, loss or damage arising from my child’s participation, including those resulting from claims, demands costs or judgments against my child arising out of acts of negligence on his/her part committed while participating in the Junior Sailing Program.
6. I further waive all rights to make claims or file suits against GRSA, its officers, employees, agents and other personnel, and relieve GRSA, its officers, employees, agents and other personnel from all liability or responsibility of any kind arising from such damage, loss, cost or expense.
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| I agree with the preceding statements: | [ ]  Yes (sign below) [ ]  No |

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| Disciplinary Procedures Section |
| Parents are expected to inform their children that good sportsmanship and proper self discipline are required at all times while under instruction or at a GRSA-sponsored event. Infractions of the Code of Conduct are not acceptable. The directions of the instructors must be followed at all times. Violations of safety or disciplinary rules may results in suspension or expulsion from the Junior Sailing Program. Disciplinary action will be taken in the following order:First Violation * Instructor will remove student from the situation and consult with the Sail Camp Director.
* The Sail Camp Director will document the incident and outline a course of action and inform parent of the incident that occurred.
* Depending on the severity of the incident the parent will be informed by phone call or at pick up time.

Second Violation * A second violation will result in a disciplinary hearing with parental involvement and possible suspension or expulsion from the program.
* Payment will not be refunded if a student is expelled.

I understand the contents of this section and agree to see to it that my child adheres to the program rules. I agree to assume the obligation for the expense of repair and/or replacement of club/program equipment that is attributable to my child’s reckless or irresponsible behavior. I agree to make an appointment for a parent instructor conference, if requested. |
| I agree with the preceding statements: | [ ]  Yes (sign below) [ ]  No  |

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| Parent/Guardian and Student Signatures Section |
| ParentI have read the statements in the “Medical Release/Emergency Contact Section”, the “Liability Release Section” and the “Disciplinary Procedures Section” of this application and the “Code of Conduct” on page 3 of the Program Information document, and I agree with all statements contained therein, as indicated by my ”Yes” checkmarks in those sections.☞\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent signature) \_\_\_\_\_\_\_\_\_\_\_ (date)StudentI have read the “Code of Conduct” on page 3 of the Program Information document and I agree to abide by it. I understand in entering the sailing course that I agree to obey all rules set forth by the program staff, that I will use the utmost care in the use of boats and equipment, and that I will not engage in any horseplay or other destructive behavior. I understand that failure to attend regularly, arrive promptly, or abide by the rules set forth may results in my suspension or expulsion from the program.☞\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student signature) \_\_\_\_\_\_\_\_\_\_\_ (date) |

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| Photo Release Section |
| I grant GRSA permission to use any photographs or video recordings of my participation in GRSA sailing programs for promotional, recruiting or educational purposes, without any limitation, reservation or compensation. This consent is given for any photographs, audiotapes and/or videotapes which have been taken or will be taken.☞\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) \_\_\_\_\_\_\_\_\_\_\_ (date) |

**Signed registration should be hand delivered to Director the first morning of camp at 4301 Woolridge Rd, Mosley, VA 23112.**

 Questions? Email grsa.sailprograms@gmail.com