



# Key West Community Sailing Center

email: [KWSCeducation@gmail.com](mailto:KWSCeducation@gmail.com)

Phone: Instructor Heidi Ruse:804-832-4731 and/or Instructor Ben Hermelin: 314-349-9929

Child's Last Name		First Name	MI	Suffix	Nickname	e-mail address
Street Address		City		State	Zip	Home Telephone
Emergency Contact		Contact Telephone		Physician Name		Physician Telephone
Boy <input type="checkbox"/>	Birth date	Age	Height	Weight	<b>Does child swim?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	School Name
Girl <input type="checkbox"/>						
Father/Guardian				Home Telephone	Work Telephone	e-mail address
Mother/Guardian				Home Telephone	Work Telephone	e-mail address

\*\*\*Does this child have any disabilities, handicaps, present injuries or limitations, heart condition, asthma, respiratory condition, or any other medical condition?  
Yes  No . If Yes, please describe below or contact the Sailing Club.

Comments: (**Preferred Dates**)

**EMERGENCY AUTHORIZATION:** I, the undersigned parent or legal guardian of the above named child, a minor, hereby authorize the instructor, the above named emergency contact, or sailing club members to act as my agents in the capacity of activity supervisors and vehicle drivers and consent to emergency medical, surgical or dental examination and or treatment in connection with the Youth Sailing Program activities.

**DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:** I, the undersigned parent or legal guardian of the above named child, a minor, for myself and on behalf of the above child, our heirs, assigns and next of kin, acknowledge that participation in sailing necessarily involves activities involving water and boats with risk of drowning and severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis, and death. For myself and on behalf of the above child, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk.

For myself and on behalf of the above child, I further acknowledge that the Key West Sailing Club (KWSC) is primarily administered by volunteers rather than paid professionals. For myself and on behalf of the above child, he/she and I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if he/she or I observe any unusual significant concern in his/her readiness for participation and/or in the program itself, I will remove him/her from participation and bring such concern to the attention a member of the Board of KWSC immediately.

In consideration of accepting the registration and permitting the voluntary participation of the above named participant in its programs, for myself and on behalf of the above child, our heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless KWSC, its employees, volunteers, officials, sponsors, and other representatives from any and all claims, demands, costs, expenses and compensation arising out of or in any way relating to any physical injury or other damage that may result to said participant while participating in any KWSC sponsored event or activity, including any physical or other injury caused by the negligence or any such person while performing his/her duties at any time.

**ACKNOWLEDGEMENT AND CONSENT:** I acknowledge that medical insurance is the responsibility of the parent or guardian of the child named above. For both internal and external use, I acknowledge that the KWSC may compile and use addresses and sailing photographs of the named individual. I consent to such uses and hereby waive all rights to compensation.

**I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE CHILD HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THOSE TERMS FREELY AND VOLUNTARILY AND WITH INDUCEMENT FOR MYSELF OR THE CHILD.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

KWSC Use Fee: <u>  \$250.00  </u> Check No: <u>          </u> Amt Paid: <u>          </u>
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