

**Key West
Community
Sailing Center, Inc.**

705 Palm Avenue, PO Box 828
Key West, FL 33041-0828



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	<u>Does child swim?</u> 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
Preferred Camp Dates								

***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 Center.

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 center 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 Community Sailing Center (KWCS) 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 KWCS 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 KWCS, 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 KWCS sponsored event or activity, including any physical or other injury caused by the negligence of 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 KWCS 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 NO INDUCEMENT FOR MYSELF OR THE CHILD.

Please let us know how you learned about the youth sailing program. Newspaper __, Poster __ Friend __ Other _____

Parent Signature: _____ Date: _____

KWCS Use: Fee: _\$250.00__ CheckNo: _____ Amt Paid __