

Concord Sailing Center STATEMENT OF UNDERSTANDING

The basic sailing course you are about to begin is an exciting and demanding challenge, but you need to be aware of what will be involved in the course and be willing to study and practice to achieve success. A swim test is required of all students, which consists of swimming 50 yards in the waters of the area you will be sailing in, in sailing clothing, including shoes. I understand that in entering this sailing course I agree to obey all program rules as set forth by the program director and the instructors, that I will use utmost care in the use of the boats and equipment and 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. I understand that Sail Camp is an outdoor water sport program and I may be exposed to Hazards such as sunburn, overheating, bruising, cuts and other injuries. I am responsible for telling my instructor if I feel ill or have gotten hurt.

_____ Print Camper's Name

Camper's Signature _____ Date _____

Parental/Guardian Agreement I/We understand the contents of this statement and agree to see to it that our child adheres to the program rules. I/We agree to assume the obligation for the expenses of repair and/or replacement of club/program equipment that is attributable to my child's reckless or irresponsible behavior. I/We agree to make an appointment for a parent-instructor conference if requested. I/We understand there is potential for accidental injury to our child as a participant in Sail Camp, and our child is responsible for following directions to assure a safe experience. However, there is the possibility of unknown or uncontrollable dangers that could result in injury. I/We willingly assume risks associated with this program and hereby release, waive and discharge my right to sue Concord Sailing Center, Inc., Concord Yacht Club or its volunteers.

_____ Parent/Guardian's Signature Date: _____

PHOTO PERMISSION - Publicity

I give permission for use of my child/children in promotional photographs and/or videos including the camp web page and social media sites utilized by the camp. My child may be interviewed, photographed, and/or video taped by the news media, including newspapers, magazines, television, and/or radio, for camp community interest stories and advertising.

Parent/Guardian Signature _____ year ____

MEDICAL RELEASE FORM :Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the camper named below. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the camper named below.

_____ Print Camper's Name

Parent/Guardian's Signature _____ Date _____

Witness: _____ Date: _____