



2009 SMSA JUNIOR SAILING CAMP REGISTRATION FORM

Child's Name _____ Age _____

Parent's Name _____

Address _____

Home Phone _____ Work Phone _____

SMSA Member Yes _____ No _____ Email: _____ Child's

sailing experience: _____

Please check which session(s) your child will attend

	Session	Type	Dates	Members	New-Members (Includes Junior Membership Fee)
	1	Basic Opti	Jun 15 to Jun 19	\$230	\$290
	2	Basic Opti	Jun 22 to Jun 26	\$230	\$290
	3	Basic Opti	Jun 29 to Jul 3	\$230	\$290
	4	Basic Opti	Jul 6 to Jul 10	\$230	\$290
	5	Advanced Opti	Jul 13 to Jul 17	\$245	\$305
	6	NO CAMP	Jul 20 to Jul 25	\$0	\$0
	7	Advanced Opti	Jul 27 to Jul 31	\$245	\$305
	8	Basic Opti	Aug 3 to Aug 7	\$230	\$290
	9	Advanced Opti	Aug 10 to Aug 14	\$245	\$305

Note: Due to the limited number of participants per session, a \$100.00 deposit must be included at the time of registration for each session. Deposit is non-refundable after June 1, 2009. Remaining fees must be paid on or before the first day of camp and your child participating in a session. Checks should be made out to "SMSA".

Parent's Signature _____ Date _____

To ensure the safety of your children when involved in the SMSA Junior Program Sailing camp activities, we are asking that parents fill out the attached forms for each child registered. Please sign and enclose the parent's consent form and the medical authorization form with registration when possible. Both documents must be completed and signed on or before the first day of camp and your child participating in a session. These forms will be filed with the Camp Instructor, at the camp location, and will accompany the child on any trips away from the campgrounds. These forms will be required to be on file for participation in any event.



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FORM IMPORTANT – PARENTS PLEASE READ!!

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I, the undersigned parent or guardian of _____, a minor, do hereby consent to any emergency X-Ray, medical, or surgical treatment or hospital care which is deemed appropriate by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agents or organizations involved assumes any financial responsibility for exercising this action.

This authorization is given pursuant to the provisions of the Civil Code for the County of Calvert in the State of Maryland.

Family Doctor: _____ Phone: _____

Persons to contact in emergency:

1. _____ Phone: _____

2. _____ Phone: _____

Existing medical or learning problems: _____

Known Allergies (e.g. bee stings): _____

Health Insurance Policy Holder: _____

Social security number: _____

Plan and group number: _____

This authorization shall remain effective through _____ (enter date for last day of camp)

Signature (of parent or legal guardian) _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Phone (H) (____ - ____ - _____) (W) (____ - ____ - _____) (C) (____ - ____ - _____)

Father's Phone (H) (____ - ____ - _____) (W) (____ - ____ - _____) (C) (____ - ____ - _____)



IMPORTANT – PARENTS PLEASE READ!!

2009 SMSA JUNIOR SAILING CAMP REGISTRATION FORM

SOUTHERN MARYLAND SAILING ASSOCIATION

JUNIOR PROGRAM

Parents Consent

And

Waiver of Liability -Assumption of Risk -Indemnity Agreement

The undersigned parents or legal guardians (hereafter referred to in the singular) of _____ (herein referred to as the “child”), request that the child be allowed to participate in the Southern Maryland Sailing Association's 2009 Sailing Camp (herein referred to as “the activities”).

This agreement shall remain in effect until Southern Maryland Sailing Association receives written notice of the cancellation of the consent, or until the end of the activities described above.

In return for the child being permitted to take part in the activities and to use the facilities and property of Southern Maryland Sailing Association, each of us makes the following promises and warrants the truth of the following facts.

1. I am familiar with the programs included in the activities, and I understand officers of Southern Maryland Sailing Association are available to discuss the activities if I should wish additional information. I also understand I am solely responsible for the arrival and departure of my child at the beginning and end of each day's program. I will not allow my child to remain on the premises of Southern Maryland Sailing Association after each day's program without appropriate supervision or the written permission of Southern Maryland Sailing Association. I agree Southern Maryland Sailing Association will have no responsibility for the supervision of my child at times other than during the scheduled activities. I will inform my child that he/she is expected to cooperate with, and follow the directions of, the persons in charge of the activities and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.
2. My child is in good health, and I know of no reason why he/she would be incapable of participating in the activities. My child knows how to swim or can pass the required swim test. I will immediately notify the designated Southern Maryland Sailing Association JPC, if a change in my child's health or other condition would affect my child's ability to participate in the activities.
3. **WAIVER OF LIABILITY:** I waive and release any right I, my heirs, distributees, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of, or prosecute Southern Maryland Sailing Association or any of its members, governors, officers, agents, instructors, and affiliated organizations (herein referred to as “the releasees”) for monetary damages caused by injury to my child or damage to the property of my child or myself arising from my child's participation in the activities and use of the facilities and property of Southern Maryland Sailing Association, whether or not the injury or damage results from the negligence or other action, except intentional acts, of any of the releasees.

4. **ASSUMPTION OF RISK:** I am aware that the activities may involve maneuvering a boat, sailboard or other watercraft on deep waters in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep waters and collision with other watercraft or stationary objects such as docks, pilings, and buoys. With knowledge of the dangers involved, I voluntarily ask that my child be allowed to take part in the activities. **I ACCEPT ANY AND ALL RISKS TO MYSELF AND MY CHILD OF INJURY, DEATH, AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF SOUTHERN MARYLAND SAILING ASSOCIATION AND CALVERT MARINA, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTION, EXCEPT INTENTIONAL ACTS, OF ANY OF THE RELEASEES.**

5. **INDEMNITY AGREEMENT:** I agree to indemnify and hold the releasees harmless from any loss, liability, damage or cost, including reasonable attorneys fees, they may incur due to my child's participation in the activities and use of the property and facilities of Southern Maryland Sailing Association, whether or not such loss, liability, damage or cost results from the negligence or other action, except intentional acts, of any of the releasees.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES A WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASEES, AND I SIGN IT OF MY OWN FREE WILL.

PARENT or LEGAL GUARDIAN SIGNATURE _____

DATE _____ (Print Name) _____

PARENT or LEGAL GUARDIAN SIGNATURE _____

DATE _____ (Print Name) _____

