



2010 Junior Registration Form

Please Mail to:

Connecticut Community Boating, Inc.

1494 Main St., CT 06604

www.ctcommunityboating.org

203-382-3661

Student Information

Student Name: _____

Birth Date: _____

Home Phone: _____ **Cell Phone:** _____

Address:

City: State: Zip:

In Case of Emergency, Contact: _____

Emergency Contact Address:

Home Phone: _____

Emergency Phone: _____

Emergency Contact / Release Form

Please fill in the following information for junior sailors:

Parent/Guardian's Name: _____

Address: _____

Email: _____

Primary Phone: _____

Secondary Phone: _____

If you cannot be reached at the above phone numbers, please indicate another relative or friend that can authorize and consent to necessary emergency medical treatment:

Name: _____ **Relationship:** _____

Phone: _____ **Cell:** _____

Emergency Treatment Authorization

I/We the undersigned parent, parents, or legal guardian of _____ (the child), a minor, hereby authorize Connecticut Community Boating, Inc. and its officers and agents to take whatever actions they believe are warranted under the circumstances for the health and safety of the child, including the placing of the child in the care of a hospital and/or any licensed doctor, dentist or other health care professional.

I/We further hereby authorize and consent to any x-ray, examination, anesthetic, surgical or other medical diagnosis, treatment or care (in or out of hospital) of the child rendered by a licensed medical doctor, dentist or other health care professional, at my/our cost and expense. It is understood that this authorization is given in advance of any such diagnosis, treatment or care that may be provided to the child in order to give authority and power to render any such diagnosis, treatment or care which any such licensed doctor, dentist or other health care professional, in the exercise of his/her professional judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment or care may be provided to the child if the undersigned cannot be reached.

Initials: _____

Release

The undersigned parent/guardian recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to induce Connecticut Community Boating, Inc. to accept his/her child into the said program, the undersigned parent/guardian covenants and agrees to hold harmless and indemnify the Connecticut Community Boating, Inc., its officers, directors, employees, and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to a person or damage to any property arising out of or in anywise connected with the operation of Connecticut Community Boating, Inc. or any activities on or the use of any facilities or equipment of the said program.

Initials: _____

Certification of Swimming Skills

I/We the undersigned parent, parents, or legal guardian, do hereby certify that the attached statement from a current swimming instruction professional certifies that this child can swim unaided for 100 yards and tread water for one minute and that this statement is entirely true and accurate. (Please attach a note from a certified instructor attesting to having witnessed this child performing the above described swim check)

Initials: _____

Photographic Release

I hereby acknowledge that my child may be photographed while participating in Connecticut Community Boating, Inc. activities and/or programs;

I hereby unconditionally authorize Connecticut Community Boating, Inc. , at its sole discretion, to use any such photographs in brochures, flyers and any other advertising, promotional or educational materials.

Initials: _____

Parental Agreement

I/We understand that I/we are responsible for our child's or grandchild's behavior and conduct while at Connecticut Community Boating, Inc. and will see to it that our child adheres to the rules set forth by the Captain of the Vessel. I/We agree to assume the obligation for expenses of repair and/or replacement of program equipment that is attributed to our child's reckless or irresponsible behavior and the expense of medical care if our child is injured. I/We agree to make an appointment for a parent/instructor conference if requested.

Initials: _____

By signing here, you are agreeing that you have read and understand all the above materials and agree to comply with the letter and spirit of each portion of the document.

x

Signature of Father, Mother, Guardian,

Date

Please mail completed form and attachments to:

**Connecticut Community Boating, Inc.
1494 Main St., CT 06604
www.ctcommunityboating.org
203-382-3661**