



955 Connecticut Ave
 Suite 10012
 Bridgeport, CT 06604
 203-382-3661
 www.ctcommunityboating.org
2012 Adult Registration Form

Please fill out one form per client

For Office Use Only

MEMBER #: _____
 STAFF: _____
 DATE: _____
 Cash: _____ Credit: _____ Check#: _____
 Paid: _____

Student Name: _____
 Home Phone: _____
 Cell Phone: _____
 Email Address: _____
 Permanent Address: _____
 City: _____
 State: _____
 Zip: _____

CCB, Inc. Emergency Contact

Name: _____
 Address: _____
 Relationship: _____
 Home Phone: _____
 Cell Phone: _____

MEDICAL INFORMATION:

Primary Physician: _____
 Phone: _____
 Date of Last Exam: _____

While we in know way intend to invade your privacy, it is important that we be aware of any condition the may hamper or affect your full enjoyment of all water-based activities. Please circle any medical conditions that have been diagnosed or any condition you suspect you may be affected by and give details below:

[Eyeglasses]	[Hearing Aids]
[Asthma/allergies]	[Attention deficit disorder]
[Diabetes/hypoglycemia]	[Contact Lenses]
[Epilepsy]	[Circulatory/heart condition]
[Hemophilia/bleeding condition]	[OTHER]

Details (use separate sheet if necessary):

Emergency Treatment Authorization

I, the undersigned client, 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 client, including the placing of the client in the care of a hospital and/or any licensed doctor, dentist or other health care professional.

I 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 client 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 client 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 emergency contact prior to rendering treatment to the patient, but that any of the above treatment or care may be provided to the client 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, the undersigned client, do hereby certify the enrolled client can swim unaided for 50 yards, swim 50 yards in sailing gear including a PFD and tread water for two minutes and will be required to wear a USCG approved PFD at all times while underway.

Initials: _____

Photographic Release

I hereby acknowledge that I 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: _____

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 Adult Student

Date