

River City Community Sailing Summer Sailing Registration Form
Director: Carol Terryberry (252-340-3638)

Student's Name _____ Date of Birth _____
Parents' Name (s) _____
Mailing Address _____
City _____ State _____ Zip _____

Contact Information:

Home Phone _____ Work Phone _____
Cell Phone (mom) _____ (dad) _____
E-mail _____
Emergency Contact: Name _____ Phone _____

Week(s): June 17-21 June 24-28 July 8-12 July 15-19 One week (\$250)/Two Weeks-recommended(\$)
425

T-shirt size: Please circle- Youth S M L XL or Adult S M L XL

Requirements:

1. A **swim test** is required of all students on the first day of class, which consists of swimming in normal sailing clothing and water or boat shoes. Under instructor supervision and approval, the student will swim 50 yards without a Personal Flotation Device (PFC), and while treading water must be able to put on and remove a PFD. You must provide your own U.S. Coast Guard approved Type II or Type III PFD for your child's proper weight and size. The PFD needs to be form fitting and comfortable as you will be wearing it at all times during the course.
2. **Appropriate footwear** will be worn at all times. Sandals, flip-flops, and similar footwear are unacceptable since they do not properly protect your feet and toes. Closed toe water shoes, boat, or tennis shoes with soft non-skid soles and toe bumpers are acceptable.

Student Agreement: I understand that in entering this sailing course I agree to obey all program rules and directives of the program's instructors, and that I will use the utmost care in the use of boats and equipment, and that I will not engage in horseplay or other disruptive behavior. I understand that failure to attend classes, arrive promptly, and abide by the rules may result in my suspension from the program.

Student's Signature: _____ Date: _____

Parent/Guardian Agreement: I/We have read this agreement. I/We understand the content of this agreement and agree to see that our child adheres to the program rules, to assume the obligation for the expense of repair and/or replacement of program equipment that is attributable to my child's reckless or irresponsible behavior, and to make an appointment for a parent-child conference if requested.

Parent/Guardian Signature: _____ Date: _____

Doctors and Medical Insurance

Physician's Name: _____ Phone: _____ Medical Insurance

Company: _____ Policy Number _____

Physical Considerations _____

Date of last physical examination _____ Allergies to food and drugs _____

Current medications: _____

Are there learning or physical disabilities that would prevent full participation in the program? Please describe any medical considerations, needs, or concerns about which we should be aware. Please be specific. _____

I hereby authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, anesthesia and / or blood transfusions to the above named minor person that may be ordered by a physician and / or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above named minor person to the hospital.

_____ *Parent/Guardian signature

I understand that River City Community Sailing, Elizabeth City Parks and Recreation, College of the Albemarle, and all volunteers assume no financial obligation or liability in the case of my child's accident or illness. If I, or anyone on my or my child's behalf makes a claim against River City Community Sailing, College of the Albemarle, Elizabeth City Parks and Recreation, or their officers and volunteers, arising out of or related to my child's participation in sailing programs, I agree to indemnify and save and hold them harmless from any litigation expenses, attorneys' fees, loss, liability, damage or costs they may incur due to the claim made against any of them, whether the claim is based on their negligence or otherwise. I sign this agreement on my behalf and on behalf of my personal representatives, assigns, heirs and next-of-kin. I hereby give my permission for emergency treatment for my child and assume financial responsibility for such treatment.

_____ Parent/Guardian signature

I grant to River City Community Sailing, LLC, the right to take photographs of my child and to use and to publish them in print and electronically.

_____ Parent/Guardian signature

Checks can be made out to: "River City Community Sailing". Venmo to @rivercity17, or PayPal riverscitysailing@gmail.com.

Mail application to: RCCS
105 Margaret Drive
Elizabeth City, NC 27909