

River City Community Sailing Registration Form

Director: Carol Terryberry

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Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Parents' Name \_\_\_\_\_

Parent contact info \_\_\_\_\_

Parent contact info #2 \_\_\_\_\_

Emergency Contact-Name \_\_\_\_\_ Phone \_\_\_\_\_

**Student/Parent-Guardian Agreement:**

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

Student's Signature \_\_\_\_\_ Printed name \_\_\_\_\_

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.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Waiver form**

I hereby authorize and consent to the administration of any and all medical, dental, and surgical exams or operations or 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 or dentist in attendance deemed necessary for emergency treatment. I hereby consent to the release of medical reports (s) to any doctor or agency and consent to the admission of the above named minor person to the hospital.

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Parent/Guardian signature

I understand that River City Community Sailing volunteers or College of the Albemarle or Mary Hadley Griffin of the Elizabeth City Shipyard 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 RCCS or their 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.

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Parent/Guardian signature required

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Parent/Guardian Printed Name

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

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Parent/Guardian Signature

BRING **Water shoes** and a properly fitting **life jacket**.