ST. GEORGE COMMUNITY SAILING FOUNDATION

P. O Box 435
Tenants Harbor, ME 04860
Tel: 207-372-8008
Email: StGeorgeSail@aol.com
Website: www.StGeorgeSail.org

Registration, Health & Indemnity Form - Summer 2010

Student Name: _____M/ F (circle one) Age _____
Parent Name: _____

	Summer	Winter
Address:	_____	_____
City/State/Zip:	_____	_____
Telephone: (home)	_____	_____

Email: _____

Please Circle Session: Mornings 0900-1200 (Beginners & Intermediates) Afternoons 1300-1600 (Advanced)

Select Session(s): July 5-16 _____ July 19-30 _____ August 2-Aug. 113 _____
If PM sessions, interest in racing group _____ cruising group _____

Payment: Please send your check, payable to the St. George Community Sailing Foundation. Fees are $140 per two-week session per student for those enrolled in St. George schools; $280 per two-week session for others.

Health Information: Chronic/Recurring Illness (if any): _____
_____
Medication Being Taken (name and reason): _____
_____
Injuries or Special Restrictions: _____
Allergies: _____
Local Physician's Name and Phone: _____

Certification: Parent/Guardian must sign below.
(1) My child can swim at least 50 yards in sailing clothing, including shoes, and tread water for at least 3 minutes.
(2) My child has permission to take part in the St. George Community Sailing Foundation program and I certify that this health history is correct so far as I know. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the Sailing Instructor to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery, as required.
(3) I agree, on behalf of myself and my child, to make no claims against the St. George Community Sailing Foundation, or any of its officers, directors, members, agents, employees, representatives, or associated volunteers, for loss of or damage to any person or persons or property, and to protect and indemnify the Foundation and its officers, directors, members, agents, employees, representatives or associated volunteers against liability for any loss, damage or injury caused by my child.

Signature: _____ Date: _____