



ST. GEORGE COMMUNITY SAILING FOUNDATION
PO Box 435
Tenants Harbor, ME 04860
Tel: (207) 372-8008

Email: StGeorgeSail@aol.com
Website: www.StGeorgeSail.org

Registration, Health, and Indemnity Form – Summer 2011

Student Name: _____ M / F (circle one) Age on 7/1/11 ____

Parent Name: _____

Summer

Winter

Address: _____

City/State/Zip: _____

Telephone (home): _____

Email: _____

Please Circle Session: Mornings 0900-1200 (Beginner/Intermed) Afternoons 1300-1600 (Advanced)

Select Session(s): July 11-21, 2011 ____ July 25-August 5, 2011 ____ August 8-19, 2011 ____

Payment: Please send your check payable to **SGCSF**. Fees are \$140 per two week session for students of the St. George School and Georges Valley High School, \$280 per two week session for others.

Health Information: Chronic/Recurring Illness (if any) _____

Medication Being Taken (name & reason) _____

Injuries or Special Restrictions: _____

Allergies _____

Local Physician's Name and Phone #: _____

CERTIFICATION: Parent or 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: _____