

Lake Fenton Sailing School
2005 Summer Sailing Registration Form

PARENT INFORMATION

Name(s): _____ Home Phone: _____
Permanent Address: _____ Work Phone: _____
City: _____ State: _____ Zip: _____ Emergency Phone: _____
Email Address: _____ Emergency Contact: _____

STUDENT INFORMATION

Name	Age	Birth Date
Sex	Shirt size	
Class description	Session	Fees

Registration must be accompanied by a 50% deposit, which is not refundable.

MEDICAL INFORMATION

Please check any items below that apply. Use the space for additional details.

- Eyeglasses Hearing Aids Asthma Learning Disabilities Epilepsy Allergies
 Diabetes / Hypoglycemia Heart Condition Blood Disorders Other

JUNIOR GUIDELINES

*Arrive on time for class with equipment ready to go.

1. Attendance is taken daily. No refunds will be made for missed class time.
2. Check board for class instructions or announcements.
3. Return all equipment properly to designated areas. Do not stand on top of any equipment or boats.
4. Life jackets **MUST** be worn at all times while on the docks or water.
5. Footwear **MUST** be worn at all times while on shore and is recommended while sailing.
6. Sunglasses, hats, sunscreen, and drinking water are highly recommended for sailors.
7. Mark all of your personal belongings with permanent marker. Include name and phone.
8. Dry shoes, shirts and mature manner are required in the club building.
9. Pick up your trash! Keep the club looking nice.
10. LFYSP or LFSC are not responsible for loss or damage to personal property of students,
11. Students are responsible for damage done to LFSC property or the property of another student.
12. Offensive language or actions are not appropriate at any time. Disruptive students will be removed from class without a refund.

Parent Signature: _____ Student Signature: _____

SURVEY

Did you sail with LFSS last year? () Yes () No

How did you hear about us? () Newspaper Ad; () Brochure mailing; () Newspaper story;
() Word of mouth; () School; () Website;
() Other: _____

All Registration Forms must be accompanied by page 2 Liability Waiver.

Mail checks, registration forms and liability waivers to Mary O'Mara at 3130 Eugene St., Burton, MI 48519.

LFSS Liability Waiver and Treatment Authorization

Emergency Treatment Authorization

I/We the undersigned parent, parents, or legal guardian of _____ (the child), a minor, hereby authorize the LFSS and its officers and agents to take whatever actions they believe are warranted under the circumstances for the health and safety of the child, including the placing of the child in the care of a hospital and/or any licensed doctor, dentist or other health care professional. I/We 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 child 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 child 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 prior to rendering treatment to the patient, but that any of the above treatment or care may be provided to the child if the undersigned can not 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 the Lake Fenton Sailing School to accept his/her child into the Lake Fenton Sailing School, the undersigned parent/guardian covenants and agrees to hold harmless and indemnify the Lake Fenton Sailing School, 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 the Lake Fenton Sailing School or any activities on or the use of any facilities or equipment of the Lake Fenton Sailing School.

Initials: _____

Photographic Release

I hereby acknowledge that my child may be photographed while participating in Lake Fenton Sailing School activities and/or programs; I hereby unconditionally authorize Lake Fenton Sailing School, at its sole discretion, to use any such photographs in brochures, flyers and any other advertising, promotional or educational materials.

Initials: _____

Parental Agreement

I/We understand that I/we are responsible for our child's or grandchild's behavior and conduct while at the Lake Fenton Sailing School and will see to it that our child adheres to the program rules. I/We agree to assume the obligation for expenses of repair and/or replacement of program equipment that is **attributed to our child's reckless or irresponsible behavior** and the expense of medical care if our child is injured. I/We agree to make an appointment for a parent/instructor conference if requested.

Initials: _____

Signature of Father, Mother, Guardian, or Adult Student

Date