

KLAMATH YACHT CLUB 2024 YOUTH SAILING REGISTRATION

FIRST NAME _____ LAST NAME _____

AGE _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Home Phone: _____ Email Address: _____

Mother's Name: _____ Phone/Work: _____

Father's Name: _____ Phone/Work: _____

Please List all Known Allergies: _____

Medical Response For An Allergic Reaction? _____

Please talk to or give further details to Youth Sailing Director prior to first day of camp.

ANY OTHER CONDITION or SPECIAL NEEDS to be considered during camp.

Eg: Asthma, Diabetes, Etc

In Case of Emergency Contact Person: _____ Relationship _____

Family Doctor: _____ Phone: _____

Insurance Carrier: _____ Policy # _____

I GIVE CONSENT TO:

Klamath Yacht Club to seek immediate medical attention in case of Emergency involving my child.

Signature: _____ **Date:** _____

CONSENT AND WAIVER OF LIABILITY AGREEMENT

In consideration of my child participating in the Klamath Yacht Club Youth Sailing Program, I agree to accept risks of injury to my child, to hold Klamath Yacht Club, its officer, instructors, members harmless from any claim of any nature whatsoever arising out of the activities of the Youth Sailing Program. **My signature below means that I have read, understood, and agree to the above terms and conditions.**

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name: _____

I hereby consent without further consideration or compensation to use all photo images, videotapes, and/or digital recording taken of my child and/or family for the purpose of illustration, broadcast, or distribution in any manner. This information maybe used by Klamath Yacht Club with community media (newspapers, television, radio, etc) as well as Klamath Yacht Club media (newsletter, website, yearbook, etc). I release Klamath Yacht Club from any responsibility in the manner. Children's names would only be used with express consent of parent/guardian, to be secured at such time as deemed necessary.

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name: _____