



KLAMATH YACHT CLUB 2022 YOUTH SAILING REGISTRATION

FIRST NAME: _____ LAST NAME: _____

AGE _____ BIRTH DATE: _____ (must be between ages 10-13)

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

Home Phone: _____ E-Mail ADDRESS: _____

Mother's Name: _____ Phone/Work: _____

Father's Name: _____ Phone/Work: _____

PLEASE list all known ALLERGIES: _____
MEDICAL RESPONSE* FOR AN ALLERGIC REACTION? _____

*PLEASE talk with OR give further details to Youth Sailing Director prior to first day of camp.

**** ANY OTHER CONDITIONS or SPEGIAL NEEDS to be considered during camp or in on EMERGENCY?(IE: ASTHMA, DIABET)** _____

IN CASE OF EMERGENCY:

 **Contact Person:** _____ **Relationship** _____
PHONE TO BE CALLED IN CASE OF EMERGENCY/HELP 9AM-4PM _____

Family Doctor: _____ **Phone:** _____

Insurance Carrier: _____ **Policy #** _____

I GIVE CONSENT TO Klamath Yacht Club TO SEEK IMMEDIATE MEDICAL ATTENTION IN CASE OF AN 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 the Klamath Yacht Club, its officers, instructors, and members harmless from any claims 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 the use of all photo images, videotapes, and/or digital recordings, taken of my child and/or family for the purposes of illustration, broadcast or distribution in any manner. This information may be 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 this 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 _____