

EMERGENCY / MEDICAL AND CONTACT INFORMATION

FOR: _____ (participant name)

PARENT / GUARDIAN (parent / guardian to complete)

Mother's Name _____ Father's Name _____

Mother's Business Phone _____ Father's Business Phone _____

Mother's Home Phone _____ Father's Home Phone _____

MEDICAL INFORMATION

Student DOB: _____ Age: _____ M / F _____

Family Physician Name _____ Phone _____

The medical information outlined below is correct to the best of my knowledge, and the student listed above has my permission to participate in the activities of the Sail Newport Youth Program, unless otherwise noted.

Allergies to Foods or Drugs? Yes No (if Yes please specify below)

Special Medications or other Pertinent Information?

Does the student have a history of, or currently have, any physical or other limitations that might prevent or challenge their full participation in this course? Yes No

If yes, please describe:

WAIVER OF LIABILITY

I, _____ (parent / guardian), wish to have _____

participate in the Sail Newport Advanced Racing Clinic. I consent to the following:

1. Coast Guard approved life jackets will be worn by the student whenever s/he is in a boat or on the docks.
2. Fort Adams State Park or Sail Newport, Inc., may revoke all sailing privileges for violation of any rules or regulations, or for failure to obey an instructor.
3. I acknowledge that sailing entails some risk, and I agree to indemnify and hold harmless the state of Rhode Island, Sail Newport, Inc., their officers, directors, members, affiliates, employees, sponsors, volunteers and helpers for any claims of any persons for damages or personal injury whatsoever that may be sustained or caused by the above-named student while participating in any activity of Sail Newport, Inc., or while using the Fort Adams State Park facilities.

Parent / Guardian

Date

Photographic Release

I hereby also acknowledge that my child may be photographed while participating in Sail Newport Activities and/or programs; I hereby unconditionally authorize Sail Newport, Inc., at its sole discretion, to use any such photographs in advertising brochures, website promotion, promotional flyers and any other advertising medium.

Parent / Guardian

Date

Mail: Sail Newport, 60 Fort Adams Drive, Newport, RI 02840