



LAST NAME

Corinthian Yacht Club of Cape May

PARENTS' OR GUARDIAN'S RELEASE AND COVENANT

I, _____, being the parent or guardian of _____, who is a minor and who is applying for admission to the sailing instructional program of the Corinthian Yacht Club of Cape May, give my approval for my child to participate in any and all sailing and related activities, including but not limited to Junior Activities and Regatta Travel, organized by the Club, including transportation to and from the activities. I assume all risks and hazards associated with my child's participation in these activities, and do hereby RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS the Corinthian Yacht Club of Cape May, its officers, directors, agents and employees, any person or organization who provides facilities, the officials, employees and volunteer helpers, including but not limited to the instructors, their assistants, organizers and volunteer helpers, and persons transporting my child, from all liability by reason of any injury to any person or any damage to any property in connection with activities in which my child may participate.

DATE: _____  _____
SIGNATURE OF PARENT / GUARDIAN

CONSENT FOR MEDICAL TREATMENT

I, the undersigned parent or legal guardian of the applicant, do hereby give my permission for emergency medical care to my child named above by any licensed physician or dentist. The medical care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the applicant.

INSURANCE

All participants are **strongly** encouraged to be covered by a personal or family medical plan including hospitalization, before they participate in this program.

I certify that my child is covered by such a plan.

Carrier _____

ID # _____ group # _____

My child is not covered by such a plan. I personally assume any and all liability for my child.

SAILOR'S NAME: _____ DATE OF BIRTH: _____ GENDER: Male Female

PARENT / GUARDIAN: _____

LOCAL ADDRESS: _____

LOCAL HOME PHONE: _____ WORK: _____ CELL: _____

WHO SHOULD WE CONTACT LOCALLY IN AN EMERGENCY IF YOU CANNOT BE REACHED DIRECTLY?

EMERGENCY CONTACT #1: _____ RELATIONSHIP TO SAILOR: _____

HOME#: _____ WORK#: _____ CELL#: _____

EMERGENCY CONTACT #2 _____ RELATIONSHIP TO SAILOR _____

HOME# _____ WORK# _____ CELL# _____

PLEASE LIST ANY MEDICAL CONDITONS OR ALLERGIES YOUR CHILD HAS:

DATE: _____  _____
SIGNATURE OF PARENT / GUARDIAN

CONSENT FOR PHOTOGRAGHS TO BE DISPLAYED

I, the undersigned parent or legal guardian of the applicant, do hereby give my permission for child named above to be photographed while participating in the CYCCM Sailing Program and any related activities with the understanding that these photos may be displayed and/or published for public viewing.

DATE: _____  _____
SIGNATURE OF PARENT / GUARDIAN