

Advanced Team Racing Clinic
at Harvard

Please complete all 4 pages of information. Missing information may delay your registration. You should consider your registration complete after your registration and payment is processed at *Crimson Sailing Academy*.

STUDENT INFORMATION

NAME (LAST) _____ (FIRST) _____

DATE OF BIRTH _____

ADDRESS (STREET / APT) _____

(CITY) _____ (STATE / ZIP CODE) _____

PHONE (HOME) _____ (CELL) _____

EMAIL (OPTIONAL) _____

POSITION SKIPPER CREW - *If crew, name of skipper attending clinic:* _____

PARENT INFORMATION

1. PARENT / GUARDIAN (LAST) _____ (FIRST) _____ Mr./ Mrs./ Dr. _____

ADDRESS (STREET / APT) _____

(CITY) _____ (STATE / ZIP CODE) _____

PHONE (HOME) _____ (CELL) _____ (WORK) _____

EMAIL _____

2. PARENT / GUARDIAN (LAST) _____ (FIRST) _____ Mr./ Mrs./ Dr. _____

ADDRESS (STREET / APT) _____

(CITY) _____ (STATE / ZIP CODE) _____

PHONE (HOME) _____ (CELL) _____ (WORK) _____

EMAIL _____

In case of emergency, CSA should call: HOME PARENT/GUARDIAN 1 PARENT / GUARDIAN 2

ALTERNATE EMERGENCY CONTACT

CONTACT (LAST) _____ (FIRST) _____ Mr./ Mrs./ Dr. _____

PHONE (HOME) _____ (CELL) _____ (WORK) _____

EMAIL _____

MEDICAL INFORMATION

PRIMARY CARE PHYSICIAN _____

PHYSICIAN'S PHONE _____

PARTICIPANT'S:

ALLERGIES _____

RESTRICTIONS _____

ILLNESS / CONDITIONS _____

OTHER HEALTH ISSUES _____

MEDICATION CURRENTLY TAKING _____

INSURANCE INFORMATION

MY CHILD IS COVERED BY FAMILY MEDICAL/HOSPITAL INSURANCE: YES NO

NAME OF INSURANCE COMPANY _____

INSURANCE HOLDER'S NAME AND RELATION TO PARTICIPANT _____

POLICY # _____ GROUP ID # _____

EMERGENCY TREATMENT AUTHORIZATION

I / We, the undersigned parent, parents or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any physician licensed in the Commonwealth of Massachusetts. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide the authority and power to render care where the aforementioned physician in the exercise of his/her best 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 will not be withheld if the undersigned cannot be reached.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

MEDICAL INSURANCE COMPANY

POLICY NUMBER

RELEASE

The undersigned parent/guardian recognizes that an element of risk is involved in all water sports, including sailing. Therefore to induce Crimson Sailing Academy to accept his/her child into the *Advanced Team Racing Clinic at Harvard*, the undersigned parent/guardian covenants and agrees to hold harmless and indemnify Crimson Sailing Academy, *The Advanced Team Racing Clinic at Harvard*, 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 our child/ward or damage to any property arising out of or related in any way connected with the operation of the *Advanced Team Racing Clinic at Harvard* or any activities on or the use of any facilities or equipment used during *The Advanced Team Racing Clinic at Harvard*

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

PRINTED NAME

PARENTAL AGREEMENT – BEHAVIOR AND CONDUCT

I/We understand that I/We are responsibility for our child or grandchildren's behavior and conduct while at the Harvard Sailing Center and will see to it that our child/children adheres to the program's rules. I/We agree to assume the obligation of expense or repair and/or replacement of program equipment that is attributed to our child/grandchild's reckless or irresponsible behavior and the expense of medical care if our child is injured.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

PARTICIPATION AGREEMENT

Crimson Sailing Academy rents facilities at Harvard University. Harvard University does not sponsor Crimson Sailing Academy, and therefore does not exercise supervision or control over Crimson Sailing Academy.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

SWIMMING AFFIRMATION

I hereby affirm that my child _____ can swim 100yards, continuously and unassisted.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

FEE

\$200 if postmarked by **February 22, 2011**. **\$215** if postmarked after February 22, 2011. Please send a check payable to *Crimson Sailing Academy* with the registration.

CANCELATION

Assuming class roster is full, refund will be issued if another boat refills slot. No refund if slot is not filled.

PARTICIPATION

Slots are reserved on a first-come first-served basis. A minimum of 6 boats is required for the clinic to proceed. The first 10 registered boats are guaranteed a slot. Additional coaches will be hired when 11 boats, 17 boats and 23 boats register.

FOR OFFICE USE ONLY

DATE RECEIVED

Your registration will not be processed unless full payment is received.

Mail completed forms to:

CRIMSON SAILING ACADEMY

P.O. Box 335

Belmont, MA 02478

Info@CrimsonSailingAcademy.com
