

Sailing Collegiate Dinghies Clinic at Harvard SPRING 2010 REGISTRATION FORM

Schedule			
Items	Times	Location	Instructions
Swim Test	April 20, Tuesday, 9:00 am	Blodgett Pool Corner of North Harvard St and Soldiers Field Rd in Boston, MA (617) 495-1789	Students must provide their own transportation from the pool to the sailing center.
Clinic	April 20, Tues, 9:30 am - 2:30 pm April 21, Wed, 9:00 am - 2:30 pm April 22, Thurs, 9:00 am - 2:30 pm	Harvard Sailing Center 45 Memorial Drive Cambridge, MA	Please bring lunch.
Fee: \$175.00. Please send a check payable to Bern Noack with the registration.			
Cancellation: Assuming class roster is full, refund will be issued if another applicant refills slot. No refund if slot is not filled.			
Participation: Slots are reserved on a first-come first-served basis. A minimum of 10 students is required for the clinic to proceed. The first 20 registered sailors are guaranteed a slot. If at least 30 registrations are received the clinic will be expanded to include a second coach and a maximum of 36 slots.			
Contact Information for Bern Noack			
Telephone: (617) 489-3987 Email: <i>BernNoack@yahoo.com</i> Address: 42 Watson Rd, Belmont, MA 02478			

Please complete a separate form for each student.

All 4 pages, Information Page and Release Pages, MUST be completely filled out and returned by April 1, 2010.

1. PERSONAL INFORMATION

Student Name: _____ Birth date: _____ Gender: M / F

Position: Skipper or Crew (If crew, name of skipper you are attending clinic with: _____)

Address: _____ City/State: _____ Zip: _____

Email: _____

Father's name: _____ Home phone: _____ Day: _____

Mother's name: _____ Home phone: _____ Day: _____

Parent's email: _____

2. EMERGENCY INFORMATION

Whom do you wish notified in case of an emergency? _____ Phone number: _____

If you cannot be reached at the phone numbers above, please indicate a relative or friend that can authorize and consent to necessary emergency medical treatment:

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
1.) _____	_____	_____
2.) _____	_____	_____

3. MEDICAL INFORMATION

Doctor / Clinic: _____ Phone: _____

Please check any that apply and provide details below for any condition that we should be aware of:

Eyeglasses Contact Lenses Hearing aid Asthma / Allergies Epilepsy
 Circulatory / heart problems Diabetes / hypoglycemia Hemophilia / Bleeding condition
 Attention Deficit Disorder Other condition: _____

Please list any medications the student is currently taking: _____

4. RESUME

Information provided will be used to tailor clinic drills, exercises and practices to students' skills and experiences.

A. Please list your finishes in your 5 most competitive regattas of the last 3 years.

	Regatta and Year	Boat Type	Position in Boat	Finish/Total
1.			<input type="checkbox"/> Skipper <input type="checkbox"/> Crew	
2.			<input type="checkbox"/> Skipper <input type="checkbox"/> Crew	
3.			<input type="checkbox"/> Skipper <input type="checkbox"/> Crew	
4.			<input type="checkbox"/> Skipper <input type="checkbox"/> Crew	
5.			<input type="checkbox"/> Skipper <input type="checkbox"/> Crew	

B. List your top 3 regattas finishes ever.

	Regatta and Year	Boat Type	Position in Boat	Finish/Total
1.			<input type="checkbox"/> Skipper <input type="checkbox"/> Crew	
2.			<input type="checkbox"/> Skipper <input type="checkbox"/> Crew	
3.			<input type="checkbox"/> Skipper <input type="checkbox"/> Crew	

C. Describe your yearly team and practice schedule:

D. Why do you want to participate in this clinic?

E. What are your long-term sailing goals?

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 Bern Noack to accept his/her child into the *Sailing the College Dinghy Clinic at Harvard*, the undersigned parent/guardian covenants and agrees to hold harmless and indemnify Bern Noack, *The Sailing the College Dinghy 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 *Sailing the College Dinghy Clinic at Harvard* or any activities on or the use of any facilities or equipment used during *The Sailing the College Dinghy 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

Please complete all 4 pages of this form.

PARTICIPATION AGREEMENT

The Sailing the College Dinghy Clinic at Harvard rents facilities at Harvard University. Harvard University does not sponsor *The Sailing the College Dinghy Clinic at Harvard*, and therefore does not exercise supervision or control over *The Sailing the College Dinghy Clinic at Harvard*.

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

***Please complete all 4 pages of this form.
Mail your completed form by April 1, 2010 to:
Bern Noack
42 Watson Rd.
Belmont, MA 02478***