

BIRMINGHAM SAILING CLUB
LEARN-TO-SAIL PROGRAM
(AGES 15+)
September 10-11 2011
Registration

Name: _____

Address: _____

Phone: (H)_____ (O) _____ (Cell)_____

E-Mail _____

Age (< 21) _____

BSC Member/Family _____ Guest _____

I found out about this class from: _____

Fee: \$75 (Includes \$16 for book *Start Sailing Right*)

Make checks payable to the **Birmingham Sailing Club** and mail with this form together with the medical and emergency information form by **August 12, 2011** to:

Danny Waters
1710 Oak Park Lane
Helena, AL 35080

RELEASE AND INDEMNITY AGREEMENT

I expressly assume all risks associated with my participation in the Learn to Sail course and I hereby release Birmingham Sailing Club and any of its members, directors, board of governors, officers, agents, staff, instructors, volunteer helpers, employees or others acting on its behalf (collectively, the "Released Persons") of and from all liability, claims, demands, causes of action and possible causes of action whatsoever, arising out of or related to any loss, damage or injury (including death) that may be sustained in connection with this course from any cause whatsoever including negligence of any of the Released Persons.

I accept that the sport of sailing and the conduct of this course entail and are subject to certain inherent risks and assume all risks on land and on the water of participation in this program, including negligence of any of the Released Persons.

I further agree to indemnify, defend and hold the Released Persons, the Learn to Sail program, US SAILING, and their representatives harmless for personal injuries and/or property damage caused by, due to, or arising from me or my or participation in the Learn to Sail course activities, or my use of the property and facilities of the Birmingham Sailing Club, regardless whether or not such loss, liability, damage, cost or expense results from the negligence or other action or inaction of any of the Released Persons with the sole exception of any actions or inactions of any of the respective Released Persons constituting wanton or willful misconduct.

Signature _____ Date _____
(Applicant or Parent/Guardian if a minor)

MEDICAL & EMERGENCY INFORMATION

(This form must be completed and signed by you or your parents (if you are a minor) and turned in prior to the start of your course.)

Name: _____ Birth date: _____ Sex: _____

Address: _____

Do you have a history of, or do you currently have, any physical limitations that might prevent you from fully participating in this course?
____ Yes ____ No. If yes, please specify missing or injured bodily parts, weakness, eyeglasses, contacts, hearing aids, etc.

Do you have any learning disability that might prevent you from fully participating in this course? ____ Yes ____ No
If yes, please specify

Please check below those that apply and provide necessary information on reverse side of this form.

Chronic Ailments:

- Asthma, or other respiratory problems
- Circulatory or heart problems
- Diabetes or hypoglycemia
- Epilepsy
- Hemophilia, or other bleeding problems

- Allergies: insect bites
bee stings
foods
drugs
other

Current medications or pertinent information

Blood type (If known) _____ Date of last tetanus shot _____

Family physician name _____ Phone: _____

Date of most recent physical examination: _____. Where are your medical records kept? _____

Insurance Carrier: _____ Insurance ID#: _____

Who should be notified in case of emergency?

Name: _____ Relation: _____ phone _____ (weekend)

Name: _____ Relation: _____ phone _____ (weekend)

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the Education Law and/or Public Health Law of the State of Alabama and on the staff of any hospital holding a current operating certificate issued by the Department of Health of the State of Alabama. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which 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 above people prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if any of these people cannot be reached.

Signature _____ Date _____
Applicant, or Parent/Guardian (if a minor)