



Gulfstream Sailing Club

P.O. Box 1124 Fort Lauderdale, FL 33302
Gulfstreamsailingclub.org

2015 KIDS LEARN TO SAIL REGISTRATION

Sailor's Name: _____ **Birth Date:** _____

Address: _____ **City:** _____

Zip: _____

Primary Phone #: (____) _____

Primary Email: _____

Mother's Name: _____ **Cell #:** (____) _____

Father's Name: _____ **Cell #:** (____) _____

Insurance Company: _____

Insurance Phone: _____

Group #: _____ **ID #:** _____

****Please provide photocopy of front and back of insurance card.**

EMERGENCY CONTACT NAME: _____

PHONE: (____) _____

RELATIONSHIP: _____

Release of Liability and Hold Harmless Agreement:

I am the parent or legal guardian of, _____, a minor ("Child"). To induce the Gulfstream Sailing Club, its employees, agents, insurers, members, trustees and officers (herein after collectively and individually referred to as "GSC") to permit Child to enroll and participate in GSC's junior sailing programs and related GSC activities, **I hereby release GSC and agree to hold GSC harmless from any and all claims for injuries to Child or damages suffered by Child as a result of negligence of GSC and accept full responsibility of the cost of treatment for any injury suffered by Child while participating in GSC programs or in transit to or from GSC.** I acknowledge that there is risk of injury inherent in small boat sailing and accept the risk on behalf of the Child. I represent that I am authorized by every other person standing in a similar relation to Child to make this agreement on his or her behalf. The term of this agreement shall be one year, unless earlier terminated by written notice to GSC, except that it shall not expire or terminate as to occurrences while it is in effect.

Parent or Guardian Signature: _____ Date: _____

Photo Release: GSC occasionally uses images in its promotional materials. GSC shall have the right, for any purpose whatsoever, to use, reproduce, copyright, distribute, and provide access to any photos taken during GSC's sailing programs, regattas, and related GSC activities. I understand that these images of my child may be used at any time without re-contacting me. I agree to waive all compensation for such use.

Parent or Guardian Signature: _____ Date: _____