



Gulfstream Sailing Club

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

PARTICIPATION AGREEMENT SAILING COURSE

The Sailing course you are about to begin is an exciting and demanding challenge, but you need to be aware of what will be involved and be willing to study and practice to achieve success.

A swim test is required of all students, which consists of swimming **WITHOUT A LIFE JACKET** in the waters of the area you will be sailing in, in sailing clothing and footwear. A Medical and Emergency Information Form and Release and Indemnity Agreement must be completed and signed by you or you parents (if you are a minor) and turned in as soon as possible.

Gulfstream Sailing Club will provide a life jacket (vest type) if you do not have one of your own. You will be wearing it at all times during the course. Proper footwear (closed-toe) with rubber-soles will also be worn at all times, both on land and on the water.

The fee for this course is \$120 for Hollywood residents and \$175 for non-Hollywood residents. Your check should be made out to: Gulfstream Sailing Club. A position in the class can not be held until we receive the registration fee along with the required completed forms!

The Sailing Class will begin on _____, starting at _____ AM PM, weather permitting.

I understand that in entering this Sailing course, I agree to obey all program rules as set forth by the program director and the instructors, and that I will use utmost care in the use of the boats and equipment. **Gulfstream Sailing Club reserves the right to charge participants for any damage resulting from careless use of the equipment.**

Applicant's Signature: _____ Date: _____

Email Address: _____

Parent/Guardian Signature: _____ Date: _____

Email Address: _____

Thanks,
The Sailors Point Crew

MEDICAL & EMERGENCY INFORMATION

This form must be completed and signed by parent/guardian and turned in prior to the start of your course.

Name of Participant: _____ Birth Date: _____ Sex: _____

Address: _____
No. Street City State Zip Code

Email 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 any of the following that apply and provide necessary information on the 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 _____
Others, if significant _____

Current medications or pertinent information: _____

Blood Type: _____ Date of Last Tetanus: _____

Family Physician Name: _____ Phone #: _____

Date of Most Recent Physical Exam: _____

Insurance Carrier: _____ Insurance ID #: _____

Name: _____ Relation to Participant: _____

Phone #'s: _____ (B) _____ (H) _____ (C)

Best Contact Phone # during student's Class time: _____

Name: _____ Relation to Participant: _____

Phone #'s: _____ (B) _____ (H) _____ (C)

Best Contact Phone # during student's Class time: _____

I, the undersigned, do hereby authorize and consent to any x-ray examinations, 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 Florida and on the staff of any hospital holding a current operating certificate issued by the Department of Health of the State of Florida. 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)

RELEASE AND INDEMNITY AGREEMENT

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 the participation in this program. I further hereby release Gulfstream Sailing Club, including all of the officers of this entity, instructional program directors, sailing instructors and assistants, US SAILING, and their representatives of any and all claims I may have against them arising out of any sailing activities or related activities, regardless of where located, and any claims I may have arising out of any services provided by Gulfstream or arising out of any activities of any nature related to sailing activity. Further, I agree to hold Gulfstream Sailing Club, including all officers of this entity, instructional program directors, sailing instructors and assistants, US SAILING, and their representatives harmless for any and all claims, and further agree to indemnify them if necessary for any claims or losses they may suffer by virtue of my activities in sailing events.

I am the parent and natural guardian of the following participants:

This release and indemnity agreement is made not only on my behalf but as and for the named individuals of which I am the natural and legal guardian.

The subject matter of this release and indemnity agreement shall be for all personal injuries, all contractual claims, and all claims of any nature relating to or arising out of sailing activity conducted by Gulfstream Sailing Club, regardless of where located.

Individually and as Guardian of the above

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