

Lake Murray Sailing Association and Lake Murray Sailing Club Community Sailing

Registration, Medical & Liability Release Form

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|---|-------|--|--|
| Students Name: | | Birthdate/Age: | |
| Address: | | City, State, Zip: | |
| Guardian's Names: | | Guardians Email: | |
| Day Phone: | | Evening Phone: | |
| Should the participant be in need of medical treatment, do you give permission for this to be done in the event you can not be reached promptly? _____ YES _____ NO | | | |
| Doctor Name: | | Phone: | |
| Medical Plan: | | Medical Plan #: | |
| Allergies (food or medication), or special instructions: | | | |
| Emergency Contact/Phone: | | | |
| Session #: | Date: | Payment Received: <i>(Staff Only)</i> | |

Make checks payable to LMSA. Enclose check and mail with completed forms to Allan Gowans, 235 Old Forge Road, Chapin, SC 29036. If you have any questions...contact Allan Gowans, 803-240-4333.

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 diagnosis rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the Dental Practice Act and on the staff of any acute general hospital from the State of South Carolina Department of Public Health. 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 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.

Release

The undersigned parent/guardian recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to accept his/her child into Lake Murray Sailing Association (Hereinafter LMSA) and Lake Murray Sailing Club (Hereinafter LMSC) Community Sailing, the undersigned parent/guardian covenants and agrees to hold harmless and indemnify the LMSA/LMSC Community Sailing and 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 a person or damage to any property arising out of or in anywise connected with the operation of the LMSA/LMSC Community Sailing or any activities, events on or the use of any facilities or equipment of LMSA/LMSC Community Sailing. I grant full permission for LMSA/LMSC Community Sailing to use photographs of my enrolled child in the legitimate accounts and promotion of this class.

Certification of Swimming Skills

I/We the undersigned parents, or legal guardian, do hereby certify the child enrolled can swim unaided for 40 yards and tread water.

Parental Agreement

I/We understand that I/we are responsible for our child's or grandchild's behavior and conduct while at the LMSA/LMSC Community Sailing and will see to it that our child adheres to the program rules. I/We agree to assume the obligation for expenses of repair and/or replacement of program equipment that is attributed to our child's reckless or irresponsible behavior and the expense of medical care if our child is injured. I/We agree to make an appointment for a parent/instructor or coach conference if requested.

Signature of Guardian Date

Signature of Student Date