

Keowee Sailing Club Sailing Camp Application

KSC Use Only:
Date App. Received _____
\$ Received _____

I/we hereby apply for the below named camper to participate in the Sailing Camp to be held at Keowee Sailing Club, Seneca, SC, June, 2018. Campers should arrive at KSC after breakfast 8:00-8:45 a.m. each day, and be picked up 4:30-5:30 p.m. each day. The camp fee of \$90 includes lunches each day while at camp. Campers will be asked to provide their own clothing, life jacket, and other items of a personal nature, with details to be provided on a separate information sheet to be sent to the e-mail address provided below about two weeks prior to the camp. Campers must be ages 10-16, in good physical condition, not having any limitations that would limit them from being active on a boat and in the water, and must be able to swim. I/we are applying for one of the two sessions offered (select one):

___ June 18-20 ___ June 25-27 ___ Whichever works best for all concerned

Camper information

Camper's full name _____ Friends call him/her _____
Date of birth _____ Sex _____ **Circle Tee shirt size:** youth L, adult small, adult med
Address _____ City _____ State ____ Zip _____

Parent or Guardian Name _____
Phone (home) _____ (work) _____ (mobile) _____
e-mail _____
Connection of Parent or Guardian to Keowee Sailing Club _____

With whom does the camper live?

Name _____ Relationship to camper _____
Phone (home) _____ (work) _____ (mobile) _____

Emergency contact: Person who is responsible for camper that can be reached during camp.

Name _____ Relationship to camper _____
Phone (home) _____ (work) _____ (mobile) _____

Is there anything we need to know about the camper's physical or medical condition for him to participate in the camp? If so, please explain fully, attaching an additional sheet of paper if necessary.

I/we understand that:

1. The camper must be able to swim to participate in the sailing camp, and that a swim test will be given.
2. The parent or guardian will need to provide a medical consent form to allow someone at the camp to transport the camper to a medical facility and seek emergency treatment if required, and a waiver of liability and indemnity agreement, to participate in the sailing camp.
3. The camper must follow the rules of the camp, and if they do not, the staff may request the parent, guardian, or emergency contact to come to the camp and pick up the camper.
4. The camper must not be at KSC outside camp hours of 8:00am-5:30pm. The only exception to this is when the parent or guardian has obtained agreement in advance with a specific adult KSC member to assume responsibility for the camper.

The camp fee is \$90. Of this, \$30 must be submitted with this application, and the balance of \$60 must be paid by May 30. The camp fee is non-refundable after May 30.

Signature of Parent or Guardian _____ date _____

Mail the completed application to: **Sailing Camp Application, c/o Phil Cook, 304 Willow Oak Court, Seneca, SC 29672**, enclosing a **check for \$30 payable to Keowee Sailing Club**. Include signed Medical Consent Form, Parental Consent Form, and Photo Release.

Keowee Sailing Club
Seneca, SC
PHONE 864-882-9613
MEDICAL CONSENT FORM

IMPORTANT - PARENTS PLEASE READ!!!

To enhance the safety of your children when involved in the KSC Junior Programs, we are asking that parents complete this authorization to consent to treatment for each child. The forms must be on file for any junior participating in any event.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

The undersigned parent or guardian of _____, a minor, does hereby consent to any emergency x-ray, anesthetic medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medical Practice Act.

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 authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

- Family Doctor _____ Phone _____

- Persons to contact in an emergency:

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

- Medical Problems/Learning Problems: _____

- Medications: _____

- Known Allergies: _____

- Hospital Insurance Plan: Insurance Company Name _____

Name of Insured _____ Plan # _____

This authorization shall remain effective until KSC receives written revocation.

Signature (Parent or Legal Guardian) _____

Address _____ City _____ State _____ Zip _____

Mother's Phone (Home) _____ (Work) _____

Father's Phone (Home) _____ (Work) _____

KEOWEE SAILING CLUB

PARENTAL CONSENT FORM

And

Waiver of Liability - Assumption of Risk - Indemnity Agreement

The undersigned parent or legal guardian of _____ (herein referred to as the "child") request that the child be allowed to participate at Keowee Sailing Club in the Junior Program (herein referred to as "the activities" or "program(s)").

This agreement shall remain in effect until the Keowee Sailing Club Junior Chairman receives written notice of the cancellation of the consent.

In return for the child being permitted to take part in the activities and to use the facilities and property of Keowee Sailing Club (KSC) each of us makes the following promises and warrants the truth of the following facts:

1. I am familiar with the programs included in the activities, and I understand officers and certified instructors of Keowee Sailing club are available to discuss the activities if I should wish additional information. I also understand I am solely responsible for the arrival and departure of my child at the beginning and end of the program each day. I will not allow my child to remain on the premises of Keowee Sailing Club after the program without appropriate supervision by a KSC member who has agreed to do so. I agree Keowee Sailing Club will have no responsibility for the supervision of my child at times other than during the scheduled activities. I will inform my child that he/she is expected to cooperate with, and follow the directions of, the persons in charge of the activities and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.
2. My child is in good health, and I know of no reason why he/she would be incapable of participating in the activities. My child knows how to swim. I will immediately notify the Keowee Sailing Club Junior Chairman if a change in my child's health or other condition would affect my child's ability to participate in the activities.
3. **WAIVER OF LIABILITY:** I waive and release any right I, my heirs, distributees, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of or prosecute Keowee Sailing Club or any of its members, directors, officers, agents, employees and affiliated organizations (herein referred to as "the releasees") for monetary damages caused by injury to my child or damage to the property of my child or myself arising from my child's participation in the activities and use of the facilities and property of Keowee Sailing Club or its members, whether or not the injury or damage results from the negligence or other action, except intentional acts, of any of the releasees. [Please initial to indicate you have read this paragraph. _____.]
4. **ASSUMPTION OF RISK:** I am aware that the activities may involve maneuvering a boat, sailboard or other watercraft on deep waters in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep waters and collision with other watercraft or stationary objects such as docks and buoys. Watercraft involved may be owned by KSC or others. With knowledge of the dangers involved, I voluntarily ask that my child be allowed to take part in the activities. I ACCEPT ANY AND ALL RISKS TO MYSELF AND MY CHILD OF INJURY, DEATH AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF KEOWEE SAILING CLUB OR ITS MEMBERS, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTIONS, EXCEPT INTENTIONAL ACTS, OF ANY OF THE RELEASEES. [Please initial to indicate you have read this paragraph. _____.]

5. **INDEMNITY AGREEMENT:** I agree to indemnify and hold the releasees harmless from any loss, liability, damage or cost, including reasonable attorneys fees, they may incur due to my child's participation in the activities and use of the property and facilities of Keowee Sailing Club or its members, whether or not such loss, liability, damage or cost results from the negligence or other action, except intentional acts, of any of the releasees. [Please initial to indicate you have read this paragraph. ____ .]

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES A WAIVER OF LIABILITY, AND ASSUMPTION OF RISK AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASEES, AND I SIGN IT OF MY OWN FREE WILL.*

The undersigned warrants that they are the legally authorized parent or legal guardian of the child.

Date: _____

Signature of Parent or Legal Guardian _____

[Print Name]

****HAVE YOU INITIALED THE FORM IN THE
REQUIRED PLACES (PARAGRAPHS 3, 4, AND 5)?***

Photo Release

Keowee Sailing Club, and/or its representatives, have my permission to use my or my child's photograph publically as associated with KSC youth activities, including KSC Youth Sail Camp, and the KSC youth racing program. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

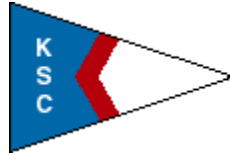
Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____

Keep this page for your records
Keowee Sailing Club – Youth Sail Camp 2018



Camper Name _____

Has selected the session:

_____ June 18-20

_____ June 25-27

_____ Whichever works best – KSC will inform me by May 30 or earlier

\$ _____ has been paid with the application, and the unpaid part of _____ (\$90 total) is to be received at the following address by May 30:

Keowee Sailing Club
C/O Phil Cook
304 Willow Oak Court
Seneca, SC 29672

The e-mail address provided in the application will be used to send further information about sail camp, such as what to bring, about two weeks before camp.

Direct any questions about the application or application process to Phil Cook, remingtoncook53@gmail.com, 937-726-1657. General questions about Sail Camp can be addressed to Phil or to Dan Eskew, daneskew@bellsouth.net, 864-640-0375.