

OCEAN CITY SAILING FOUNDATION

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I, _____, the undersigned parent/guardian of _____, a minor child, do hereby consent to any emergency X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered by or under the general or special supervision of any physician and/or surgeon licensed by a recognized state approval licensing authority.

It is understood that this authorization is given in advance of any specific diagnosis, Treatment, or hospital care bring required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforesaid agent(s) in the exercise of his/her best judgment may deem advisable; and neither said agent(s) nor any individual or organization involved assumes any financial responsibility for exercising this action.

This authorization is given pursuant to the laws and statutes of the state of New Jersey and is to be considered effective in any state or other location where the child is participating in OCSF sponsored or approved.

Child's Age: _____ Date of Birth: _____.

Doctor: _____ Phone : _____.

Dentist: _____ Phone: _____.

Emergency contact person (other than parent):

Name: _____ Phone: _____.

Relationship: _____.

Name: _____ Phone: _____.

Relationship: _____.

Name: _____, Phone: _____.

Relationship: _____.

Signed this _____ day of _____, 200____.

_____. Parent/Guardian

OCEAN CITY SAILING FOUNDATION

Student Emergency Medical Information

Parent or Guardian to complete

Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ State: _____ ZIP: _____

Physician: _____ Office Phone: _____

Address: _____ Cell home phone: _____

City: _____ State: _____ ZIP: _____

Current Medications: _____

Allergies to food, insects, drugs: _____

Blood Type (if known): _____ Last Tetanus Shot Date: _____

Does the student have any physical or chronic ailments that might prevent him or her from fully participating in the program? () No () Yes, If yes , describe: _____

Do you have other concerns () No () Yes, If yes, describe: _____

Signed: _____ Home Phone: _____

(Parent/Guardian)

Print Name: _____ Cell Phone: _____

Date Signed : ____ / ____ / ____.

___ On the reverse side of this form list the person who should be contacted in case of emergency during class hours. List the names in calling order.

Additional Emergency Contacts

Name: _____ Relationship : _____

Phone # 1: _____ Phone # 2: _____ Phone # 3: _____

Name: _____ Relationship: _____

Phone # 1: _____ Phone # 2: _____ Phone # 3: _____

Name: _____ Relationship: _____

Phone # 1: _____ Phone # 2: _____ Phone # 3: _____

PARENT/GUARDIAN AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY

I request permission for _____, whose date of birth is _____, to participate in sailing classes with the Ocean City Sailing Foundation, Inc. (OCSF) and to use boats and equipment owned, leased or operated by OCSF.

I fully understand that boating, sailing and water related activities can be dangerous activities, and request permission for the aforementioned child to participate in these activities knowing they have the potential for being dangerous. I accept and assume all the risks of injury or death of a child, damage to my child's property, and accept any liability that might arise due to the child's actions when participating in activities, including injury or death of others, or damage to property of others.

I represent to OCSF and the city of Ocean City, that the child has no undisclosed physical or mental impairment other than set forth in the OCSF Emergency Medical Information form, and further represent that the child, whose name is set forth above, has no physical or mental limitations or chronic ailments that will prevent him/her from safely participating in the program.

I agree to be responsible for all damages occurring to any OCSF boats or equipment while said boat or equipment is being used by my child.

I am fully cognizant of the risks of boating, sailing and water related activities, and understand and agree that the OCSF and the city of Ocean City on-shore and off-shore facilities, including but not limited to hoists, storage facilities, launching ramps, docks, and moorings shall be used solely at the child's own risk.

In exchange for my child being permitted to participate in these activities I hereby release and agree not to make or bring any claim of any kind against OCSF and the city of Ocean City, or their officers, directors, members, employees, contractors or guests, or any landowners, landholders, or other persons making property available to or for the use of OCSF, for any injury, including death, to the child, or any damage to my or my child's property whether arising from negligence or not, or any other cause arising out of my child's participation in these boating, sailing, water related and other activities; and I so agree if anyone makes any claims because of any injury, including death, or for any damage to my child's property, I will keep all those released by this agreement free of any damages or costs because of those claims.

Parent/Guardian Signature _____ Date / / .

Parent/Guardian (Print)

:

Note: For questions about filling out application forms you may call (609) 418 - 3356

OCEAN CITY SAILING FOUNDATION

CODE OF ETHICS

I will treat others as I would like to be treated.

I will treat all equipment and property of the Ocean City Sailing Foundation, Inc. with respect.

I will follow the Instructors instructions willingly.

I will abide at all times by the Rules and Regulations of the Ocean City Sailing Foundation, Inc.

I understand that I may be removed from the sailing camp if I am interfering, unruly, creating a disciplinary problem or present a clear danger to others in the program, and in such circumstances, I may be suspended from the camp.

PRINT NAME _____
(Student)

SIGNED

:

(Student)

Date / / .