



1 West End Ave
 Oyster Bay, NY 11771
 (516) 922-7245 ph
 (516) 922-2901 fx
info@thewfc.org
www.thewaterfrontcenter.org

HIGH SCHOOL SAILING - SPRING 2010 PROGRAM REGISTRATION FORM

Participant: _____ School: _____ Grade: _____
 Participant's Cell Phone: _____ Participant's Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Parent/Guardian Name: _____ Cell: _____ Work: _____
 Parent/Guardian Name: _____ Cell: _____ Work: _____
 Parent Email: _____

****Please provide an email address for the participant and at least one parent. HSS relies heavily on email for important program correspondence.****

Please select a program option:

* Laser program is bring your own boat.

420	Laser*	Session
<input type="checkbox"/> \$500	<input type="checkbox"/> \$300	Full Spring Season (March 27 – June 13, 2010)
<input type="checkbox"/> \$300	<input type="checkbox"/> \$175	Partial Season (any 10 sessions)
<input type="checkbox"/> \$35	<input type="checkbox"/> \$20	Pay as You Play

CODE OF CONDUCT

As a member of the WFC HSS Program, I agree to:

- Respect the WFC, the HSS Program and its mission, my coaches, equipment and peers.
- Put forth a positive attitude, willingness to learn and my best effort.
- Communicate my practice schedule and arrive to practice fully prepared for all weather conditions.
- Act as both a leader and a team player, striving to reach my personal goals as well as the goals of the program.
- Maintain a safe environment by not putting myself or others at a safety risk.

Participant Signature: _____

LIABILITY WAIVER

The undersigned student acknowledges that participation in activities at The WaterFront Center are subject to certain inherent risks, and accepts all risks on land or water while participating in these activities. Therefore, the undersigned consents to participation in these activities and waives any right to bring action or claim regarding any incident, injury or loss occurring during participation in these activities. In addition, the undersigned agrees to reimburse The WaterFront Center for loss or damage to property resulting from his/her gross negligence, or misconduct. Student also agrees to allow The WaterFront Center to use any images of them participating in these activities for promotion which may include, but not be limited to, brochures, press releases, website and fundraising activities. Further, if the student has not attained the age of eighteen (18) years of age, a parent or legal guardian must sign this waiver in addition to the student, and complete the medical information form. Additionally, the parent or legal guardian shall assume responsibility for incidents arising from the gross negligence or misconduct of the student, and waives on behalf of the student, the right to bring an action or claim as stated herein.

Participant Name: _____ Participant Signature: _____ Date: _____

Parent/Guardian: _____ Parent/Guardian Signature: _____ Date: _____

(if participant is under 18)



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**HIGH SCHOOL SAILING
MEDICAL and EMERGENCY INFORMATION**

Participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Cell: _____ Work: _____

Parent/Guardian: _____ Cell: _____ Work: _____

Emergency Contacts (in case parents cannot be reached):

Name: _____ Phone(s): _____ Relationship: _____

Name: _____ Phone(s): _____ Relationship: _____

Participant's Date of Birth: _____ Age as of Jan. 1, 2010: _____ Sex: _____ Height: _____ Weight: _____

Preferred Physician: _____ Phone: _____

Medical Insurer: _____ Name of insured: _____ Policy #: _____

Medications currently taken: _____

Physical disabilities, injuries, medical conditions (e.g., hearing aid, physical weakness, asthma, diabetes, epilepsy, etc.):

Allergies (food, insects, medication, others): _____

Please include any additional information that may help our staff serve your child most effectively (e.g., learning disabilities/differences, special circumstances, etc.): _____

Date of last physical exam: _____

Immunization Record (dates): MMR (Measles, Mumps, Rubella) _____
DPT (Diphtheria, Pertussis, Tetanus) _____
Varicella (Chickenpox) _____
Hepatitis B _____
Polio _____

I hereby authorize The WaterFront Center to authorize emergency treatment for the participant named above in the event that a parent or legal guardian cannot be reached at the phone numbers provided at the time of an emergency. Also, I hereby authorize the use of my child's EpiPen in the event of an anaphylactic emergency.

Parent/Guardian Name: _____ Signature: _____ Date: _____