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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information Section | | | | | | | | | | | | | | | | | | | |
| Student name: | | |  | | | |  | | | | | |  | | Birthdate: | | | |  |
| Last | | | | | | | First | | | | | | M.I. | |  | | | | |
| Address: | | |  | | | | | | | | | |  | | | | | | |
| Street Address | | | | | | | | | | | | | Apartment/Unit # | | | | | | |
|  | | |  | | | | | | | | | |  | | |  | | | |
| City | | | | | | | | | | | | | State | | | ZIP Code | | | |
| E-mail  address: |  | | | | | | |
| Home phone: | | |  | |  | |  | | | | Cell phone: | | |  | | | | | |
| Are you currently a member of GRSA? | | | | | YES | | NO | | If no, are you interested in joining GRSA? | | | | | |  | | | | |
| Can the student swim 50 yards? | | | | | YES | | NO | |
| Course Dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Medical Release/Emergency Contact Section | | | | | | | | | | | | | | | | | | | |
| Please provide names of those who can be contacted in case of an emergency: | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | Relationship: | | | |  | | Daytime phone #: | | | | | |  | |
| Name: | |  | | | | Relationship: | | | |  | | Daytime phone #: | | | | | |  | |
| Authorization for Emergency Medical Treatment | | | | | | | | | | | | | | | | |
| Let it be known that the undersigned, a legal resident at the address specified above has made, constituted and appointed, and by these presents do make, constitute and appoint, personnel of the Greater Richmond Sailing Association, Inc. (GRSA) Sailing Program to act for me and in my name place and stead to perform any and all acts herein set down, as fully to all intents and purposes as I might or could if personally present, with full power of substitution and revocation, hereby ratifying and confirming all the GRSA Sail Programs personnel shall do or cause to be done by virtue of this power, to wit: **AUTHORIZE ANY AND ALL MEDICAL AND HOSPITAL CARE AND TREATMENT, INCLUDING MAJOR SURGERY, DEEMED NECESSARY BY A DULY LICENSED PHYSICIAN OR DULY LICENSED STAFF PHYSICIAN AT ANY MEDICAL FACILITY WHICH IS NECESSARY FOR THE HEALTH AND WELL BEING OF THE STUDENT NAMED HEREIN.** | | | | | | | | | | | | | | | | |
| I agree with the preceding statements: | | | | Yes (sign on last page)  No | | | | | | | | | | | | |

|  |  |  |  |  |  |
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| Student’s physician: |  |  | | Physician’s phone #: |  |
|  | *Last* | *First* | |  |  |
| Address: |  | | |  |  |
|  | *Street Address* | | | Date of last |  |
|  |  |  |  | tetanus shot: |  |
|  | *City* | *State* | *ZIP Code* |  |  |
| Insurance carrier: |  | | | Policy ID number: |  |
| Medical information or history (such as allergies, medications, etc.) | |  | | | |

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| Liability Release Section | | |
| Acceptance of Responsibility | |
| 1. I am the student identified in the first page of this application. 2. I understand that my participation in the sailing program could result in injury to other persons or damage to other watercraft, giving rise to suits or claims for compensation, and I agree to be financially responsible for any damages caused by myself outside of normal wear and tear expected. 3. In consideration of being permitted to participate in the GRSA Adult Sailing Program, I certify that I am able to swim and will be required to furnish and wear a USCG approved life jacket for all on-the-water activity. 4. I further understand that by my participation, I am undertaking to indemnify and hold harmless the officers, employees, agents and other personnel of GRSA from any and all liability, loss or damage arising from my participation, including those resulting from claims, demands costs or judgments against my child arising out of acts of negligence on his/her part committed while participating in the Adult Sailing Program. 5. I further waive all rights to make claims or file suits against GRSA, its officers, employees, agents and other personnel, and relieve GRSA, its officers, employees, agents and other personnel from all liability or responsibility of any kind arising from such damage, loss, cost or expense. | |
| I agree with the preceding statements: | Yes (sign below)  No |

|  |  |
| --- | --- |
| Student Signature Section | |
| I have read the statements in the “Medical Release/Emergency Contact Section”, and the “Liability Release Section” of this application and the Program Information document, and I agree with all statements contained therein, as indicated by my ”Yes” checkmarks in those sections.  ☞\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) \_\_\_\_\_\_\_\_\_\_\_ (date) |

|  |  |
| --- | --- |
| Photo Release Section | |
| I grant GRSA permission to use any photographs or video recordings of my participation in GRSA sailing programs for promotional, recruiting or educational purposes, without any limitation, reservation or compensation. This consent is given for any photographs, audiotapes and/or videotapes which have been taken or will be taken.  ☞\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) \_\_\_\_\_\_\_\_\_\_\_ (date) |

**Signed forms should be brought the morning of the first day of the course:**

4301 Woolridge Rd, Moseley, VA 23112

Questions? Please email: grsa.sailprograms@gmail.com