



Casco Bay Junior Sailing 2011

58 Fore Street
Portland, Maine 04101
telephone: (207) 772-7245
fax: (888) 674-7245
www.sailmaine.org

SailMaine

1. Sailor Information:

First Name: _____ Last Name: _____
Date of Birth: _____ Best Telephone #: _____
Parent's E-mail: _____ I have submitted an [Emergency Contact Form](#) in 2011

Registrants must provide one [Emergency Contact Form](#) per calendar year. Get the form here: <http://bit.ly/EmgFrm>

Session:	Class:	AM	PM	Class:	AM	PM	Class:	AM	PM
<input type="checkbox"/> One (6/27 - 7/8)	Frosty Beginner	<input type="checkbox"/>	—	Optimist Beginner	<input type="checkbox"/>	<input type="checkbox"/>	420 Beginner	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Two (7/11 - 7/22)	Frosty Intermediate	—	<input type="checkbox"/>	Optimist Intermediate	<input type="checkbox"/>	—	420 Intermediate	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Three (7/25 - 8/5)	Laser Class	—	<input type="checkbox"/>	Optimist Advanced	—	<input type="checkbox"/>	420 Advanced	—	<input type="checkbox"/>
<input type="checkbox"/> Four (8/8 - 8/19)				Optimist Race Team	<input type="checkbox"/>	<input type="checkbox"/>	Adventure Class	—	<input type="checkbox"/>

How did you hear about us?

- from friends
- web search
- print ad in _____
- Other _____

Notes:

_____ Please keep these people informed Sailor
about SailMaine's events and programs by e-mail: Parent or Guardian #1

2. General Waiver:

I, _____ (parent or guardian of _____ a minor), a participant in a sailing program administered by SailMaine, hereby certify, attest and warrant that I/my child possess(es) the ability to swim seventy-five (75) yards in open ocean, in full clothing including footwear, without a Personal Floatation Device (PFD). I also attest that I/my child possess(es) the ability to tread water in a stationary position (without moving laterally, or swimming) without a PFD for a period of five (5) minutes without help or assistance of any kind.

I, _____ (parent or guardian of _____ a minor), hereby waive and release any and all right and claim that I or my child may have against SailMaine, the University of Southern Maine, the City of Portland, Maine, Portland Yacht Services, or any of their officers, directors, agents, servants, employees, and members, for any and all injuries suffered by my child arising out of his or her participation in SailMaine programming, including traveling to, participating in, or returning from an event sponsored and/or sanctioned by SailMaine; both at SailMaine and at offsite venues, including out of state events. I/he/she participate(s) in SailMaine's programming, including events held both at SailMaine and at offsite venues, with my full knowledge and consent. I further agree that I/my child will abide by the rules of SailMaine while on its premises and at offsite events sponsored by SailMaine. I acknowledge that participation in the sport of sailing or in any activity, regatta or event sponsored and/or sanctioned by SailMaine may involve substantial risk of personal injury, and I hereby assume (on behalf of my child) the risk of any such injury to myself/my child arising while participating in a SailMaine program or traveling to and from SailMaine events and forever give up and relinquish any claim for liability against SailMaine or any of its sponsoring organizations, or their officers, directors, agents, servants, employees, and members that I or my child may have by reason of participating in such program.

I, _____ (parent or guardian of _____ a minor), hereby assign and grant to SailMaine the right and permission to use, store, reproduce, and publish photographs, film, video tapes, sound recordings, and/or printed or electronic representations that show my/my child's image, voice, and/or likeness thereof, and I hereby release SailMaine from any and all liability from such use and publication. I hereby authorize the reproduction, copyright, exhibit, broadcast, publishing, electronic storage and/or distribution of said photographs, film, video tapes, and sound recordings and/or other representations of said materials without limitation at the discretion of SailMaine. I specifically waive any right to compensation I/my child may have for any of the foregoing.

By signing my name to this form, I indicate my authority to enroll the named sailor in this program, and my acceptance of the provisions of section 2 above. I also have submitted an [Emergency Contact and Medical Information form](#) for this participant in this calendar year to SailMaine. The information on that form and this is current and correct. If there is any change, I will immediately inform SailMaine.

Participant signature if over 18

Parent/Guardian signature if under 18

Date