



SailMaine

# Casco Bay Frostbite Series

## November - December, 2008

58 Fore Street  
Portland, Maine 04101  
telephone: (207) 650-7878  
fax: (888) 674-7245  
[www.sailmaine.org](http://www.sailmaine.org)

### 1. Sailor Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Date of Registration: \_\_\_\_\_ Gender:  F  M  
 Team: \_\_\_\_\_ Race Day Availability:  
 Saturday  
 Sunday  
 Either

### 2. Emergency Contact Information:

#1: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ #2: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Relation: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Relation: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 3. Medical Information:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_ Allergies to Medication? \_\_\_\_\_  
 Other Allergies? \_\_\_\_\_ Medications Taken? \_\_\_\_\_  
 Is there any medical reason that this registrant may not be able to participate in the full range of activities offered by SailMaine?  
 If Yes, please describe in detail below: If you need more space, use extra paper as necessary. If you are filling this form in electronically, space is not an issue.  
 Yes  No

### 4. Statement of Understanding and Emergency Treatment Authorization

I, \_\_\_\_\_ (the parent/guardian of \_\_\_\_\_, a minor), certify that the above information is current and correct. If there is any change, I will immediately notify SailMaine in writing. I also certify that I have the authority to enroll myself/my child as a participant in a SailMaine program. By signing below, I indicate my understanding that participating in sailing, related activities, and other programming at SailMaine involves a risk of injury, and I authorize the staff of SailMaine to obtain or provide emergency or medical treatment for myself/my child in the event of an emergency.

### 5. 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, sale, 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 your name to this form, you indicate your acceptance of the provisions of sections 4 and 5 above.

Participant signature if over 18

Parent/Guardian signature if under 18

Date