



SAIL ALL

After-School Sailing Application

Student Name:	
Date of Birth:	Email:
Home Phone:	
Cell Phone:	
Address:	
Health Card #:	
Swimming Level Achieved:	
Previous Sailing Experience:	
Allergies:	
Medications being taken:	
Please list any medical conditions you feel we should be aware of:	
Any restrictions on physical activity:	
Additional information/comments:	

Name of Parent(s)/Guardian(s):	
Email:	
Home Phone:	Work Phone:
Cell Phone:	Other:
Address:	
Name of Emergency Contact:	
If same as above, please indicate and do not bother filling out twice:	
Home Phone:	Work Phone:
Cell Phone:	Other:

Acknowledgement and Release Form

I/We, _____ am/are
the parents(s) or guardian(s) of,

_____, a minor child who is registered
in the Sail All after-school sailing program at Bedford Basin Yacht Club (BBYC).

I/We acknowledge and agree that there are inherent risks to personal safety in water-based activities such as sailing, and that some risk remains notwithstanding all due regard for safety and the taking of proper precautions. I/We accept these risks for myself/ourselves on behalf of my child.

In consideration of the above and the admission of my/our child to the Sail All after-school sailing program at the BBYC, we, the undersigned, release, hold harmless, and forever discharge Sail All, the Bedford Basin Yacht Club, its employees, directors, successors and assigns, from all actions, causes of action, damages, claims and demands whatever which we have or which we, our heirs, executors, administrators, or assigns may have either independently or on behalf of our child, against Sail all, against the BBYC, its employees, successors and assigns, by reason of, or arising out of the participation of _____, (a minor child) in the Sail All program at BBYC, or by reason of any other cause, matter or thing whatever existing or arising during my child's participation in the evening sailing program.

And further, I/we agree to indemnify Sail All, BBYC, its employees, directors, successors and assigns, against all actions, damages, claims and demands which may be brought against it on behalf of my/our child in respect of or arising out of the participation of my/our child in the Sail All after-school or evening sailing program and again any loss arising there from.

I/We have read over this document and understand that it is a full and final release of all claims for damages or injuries, and have read over the agreement to indemnify and understand the responsibilities which we have assumed hereunder.

In witness whereof, we have set our hands this _____, 2015.

Signed and delivered in the presence of _____.

Parent or Guardian

Sailor's Signature

Parent or Guardian's Signature