



2019 Charleston Community Sailing Inc.

2019 Medical & Liability Release Form

www.charlestoncommunitysailing.org

Students Name:	Birthdate/Age:
Address:	City, State, Zip
Guardians Names:	Guardians Email:
Guardian Day Phone:	Guardian Alt Phone:
Students Email	Students Phone:
Should the participant be in need of medical treatment, do you give permission for this to be done in the event you can not be reached promptly? _____YES _____NO	
<input type="checkbox"/> Check here ONLY if you do NOT want your child photographed, or included in any future CCSI materials.	
Doctor Name:	Phone:
Medical Plan:	Medical Plan #:
Allergies (food or medication), or special instructions:	
Emergency Contact/Phone:	

Please email to info@charlestoncommunitysailing.org or mail: P.O. Box 21811, Charleston, SC 29413

Emergency Treatment Authorization

I/We the undersigned parent, parents, or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical diagnosis rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the Dental Practice Act and on the staff of any acute general hospital from the State of South Carolina Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Release

The undersigned parent/guardian recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to accept his/her child into Charleston Community Sailing Inc., the undersigned parent/guardian covenants and agrees to hold harmless and indemnify the Charleston Community Sailing Inc. and The Charleston City Marina its officers, directors, employees, and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to a person or damage to any property arising out of or in anywise connected with the operation of the Charleston Community Sailing Inc. or any activities, events on or the use of any facilities or equipment of Charleston Community Sailing Inc.. I grant full permission for Charleston Community Sailing Inc. to use photographs of my enrolled child in the legitimate accounts and promotion of this class. During allotted program time, I allow my child permission to walk to other businesses in marina, such as the North Sail Loft or City Marina.

Certification of Swimming Skills

I/We the undersigned parents or legal guardian does hereby certify our child can swim unaided for 40 yards and tread water.

Parental Agreement

I/We understand that I/we are responsible for our child's or grandchild's behavior and conduct while at the Charleston Community Sailing Inc. and will see to it that our child adheres to the program rules. I/We agree to assume the obligation for expenses of repair and/or replacement of program equipment that is attributed to our child's reckless or irresponsible behavior and the expense of medical care if our child is injured. I/We agree to make an appointment for a parent/instructor or coach conference if requested.

Signature of Guardian

Date

Signature of Student (Yes, I agree with the student conduct.)

Date