



REGISTRATION FORM

Group: Camp Gan Israel

Program Dates: _____

_____ Childs Name _____ Age _____ Sex _____ Birthdate _____
(As of 6/30/16)

_____ Name of the School your child attends _____ Child's Grade this September

_____ Guardian's Name _____ Guardian's Primary Phone #

_____ Guardian's Email _____ Guardian's Secondary Phone #

_____ Address
This information is kept completely confidential: Is your child living with a disability? Yes No
If yes, please fill out the Adaptive Worksheet Attached

The following questions are optional. All information collected will be kept completely confidential. The decision not to complete these questions will NOT affect your child's eligibility and placement within the PPSC Summer Program.

Please indicate your ethnicity

_____ Asian/Pacific Islander _____ Caucasian _____ Hispanic
_____ African American _____ Native American _____ Other

Please indicate your income level. This information is kept completely confidential and is used to build merit for program funding.

_____ Under \$25,000 _____ \$25,000-\$50,000
_____ \$50,000-\$80,000 _____ Above \$80,000

Is your child living with a disability? _____ No _____ Yes

If Yes: _____ Physical _____ Sensory _____ Cognitive



YOUTH WAIVER FORM

Name of Parent or Guardian _____ Phone _____

Emergency Contact _____ Phone _____

Name of Child _____

PIERS PARK SAILING CENTER

ASSUMPTION OF RISK, WAIVER, AND RELEASE FROM LIABILITY

In consideration of the use of the property, facilities, services, programs, activities and events provided by the PIERS PARK SAILING CENTER, including any travel related thereto, the undersigned agrees as follows:

1. **RISK FACTORS.** The undersigned understands and acknowledges that the use of equipment and facilities provided by the Piers Park Sailing Center, and any other programs and services sponsored by Piers Park Sailing Center and related travel involves risk such as, but not limited to, the following which might result from the use of the equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care: RISK OF PROPERTY DAMAGE, BODILY INJURY, NEAR DROWNING AND POSSIBLY DEATH.
2. **ASSUMPTION OF THE RISK.** The undersigned ASSUMES ALL RISKS WHICH ARE FORESEEABLE AND INVOLVED WITH OR ARISE OUT OF THE USE OF THE EQUIPMENT OR FACILITIES, THE ACTIVITY ITSELF, THE ACTS OF OTHERS, OR THE UNAVAILABILITY OF EMERGENCY CARE, including but not limited to, those RISK FACTORS described in Section 1 above.
3. **ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES.** The undersigned acknowledges reading and knowing all of the policies and procedures relating to the activities, facilities and/or equipment and understands that the safe and proper use of the facilities, equipment or participation in the activity is dependent upon carefully following such policies and procedures.
4. **PREREQUISITE SKILLS AND TRAINING.** The undersigned acknowledges that he or she has the requisite skills, qualifications, physical ability and training necessary to properly and safely use the equipment and facilities and to participate in the activity itself. The undersigned agrees that if he or she has any questions as to what skills, qualifications or training is necessary to properly use the equipment, facility, or participate in the activity itself, then they shall direct such questions to the appropriate Staff Member on site.
5. **RELEASE.** The undersigned RELEASES the Piers Park Sailing Center, Massachusetts Port Authority and all of their officers, employees, volunteers and agents and agrees NOT TO SUE them on account of or in conjunction with any claims, causes of action, injuries, damage, or cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the negligence or other fault of the parties being released.
6. **PROMOTIONAL PERMISSION.** The undersigned gives permission to the Piers Park Sailing Center to use my name, family member's name, written testimonial, written evaluation and/or photographs and video in brochures, newspapers, broadcasts, telecasts, and any other form of communication.
7. **WAIVER.** The undersigned waives the protection afforded by any statute or law in any jurisdiction including the Commonwealth of Massachusetts. The undersigned further expressly agrees that the foregoing release and indemnity agreement is intended to be as broad and inclusive as possible permitted by the law of the Commonwealth and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
8. **INDEMNIFY AND DEFEND.** The undersigned agrees to INDEMNIFY AND DEFEND Piers Park Sailing Center, the Massachusetts Port Authority, and all of their officers, employees and agents (hereinafter jointly referred to as "indemnitee") against, and hold them harmless from any and all claims, causes of action, damages, judgments, cost or expenses, including attorney fees which in any way arise from the activity or this agreement and which include but are not limited to damages to or destruction of any property of the indemnitee of any others, injury or death to the undersigned or anyone else or any liability arising from the act or negligent act of the indemnitee, the undersigned or anyone else.
9. **PAY.** The undersigned agrees to pay for any and all damages to any property or indemnitee caused by the undersigned either negligently, willfully or otherwise.
10. **LEGAL FEES.** In the event of any controversy, claim or dispute between the parties arising out of or relating to this agreement or the breach hereof or the activity, the prevailing party shall be entitled to recover from the losing party reasonable expenses, attorney fees and costs.
11. **REPRESENTATIVES.** The undersigned enters into this agreement for him/herself, his/her heirs, assigns and legal representatives.
12. **EMERGENCY TREATMENT CONSENT.** The undersigned, as a participant (parent or guardian of minor) in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned (minor) is unable to consent to such treatment.
13. **INSURANCE.** The undersigned understands the Piers Park Sailing Center does not carry participant insurance. The undersigned is encouraged to have a physical examination and purchase health insurance prior to any and all participation.
14. **ACKNOWLEDGMENT.** The undersigned has read and understands this agreement and realizes it relates to surrendering and releasing valuable legal rights and does so freely and voluntarily.

Signature _____ Date _____
(Parent or Guardian)



Medical Form

The parent's of all participants in sailing programs at Piers Park Sailing Center must fill out this form. This information will be kept confidential.

Child's Name _____ **Gender** _____ **Birthdate** _____

Does your have any allergies? Yes _____ No _____

If yes, please list all allergies:

Are any medications being taken? Yes _____ No _____

If yes, please list all medications:

Does your child have an IEP? Yes _____ No _____

Physical Limitations? Yes _____ No _____

If yes, please fill out the attached adaptive worksheet

Cognitive Limitations? Yes _____ No _____

If yes, please fill out the attached adaptive worksheet

In case of Emergency please contact

Primary Contact _____ Relationship _____

Work Phone _____ Cell Phone _____

Secondary Contact _____ Relationship _____

Work Phone _____ Cell Phone _____

Parent/Guardian Signature _____ Relationship _____

Parent/Guardian Name (please print) _____ Date _____