

BC Sailing Mobile Optimist Sailing School

#223 – 3820 Cessna Drive, BC, Canada V7B 0A2

moss.bcsailing.bc.ca, crew@bcsailing.bc.ca, Ph: 604-333-3628, Fax: 604-333-3636

Physical Fitness Information Form

NOTE: *This form must be filled out by the parent/guardian of the participant.* It is the parent/guardian's responsibility to update the club of any changes in their child's medical condition throughout the sailing season and/or program.

Medical Information:

Participant's Name: _____ Male / Female (circle)

Doctor: _____ Phone: _____ Medical #: _____
(if out of province, please state where)

Does the participant have any allergies? Yes No (If yes, please specify):

Has participant any conditions or illness, which might limit activities? Yes No (If yes, please specify):

Does Participant have any psychological limitations? (e.g. fear of heights, water, etc.) Yes No (If yes, please explain):

Are there any other conditions that the instructing staff should be aware of? Yes No (If yes, please explain):

Parent/Guardian's Name (please print): _____

Signature: _____ Date (dd/mm/yy): ____/____/____

(All information collected will be kept in strict confidence and only accessed by those in official capacity)

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Cancellation policy:

1. All accepted registrations are subject to a \$35 cancellation fee for sailing courses and \$15 cancellation fee for PCOC seminars.
2. There will be no refunds for cancellations made within 14 days of the scheduled start date. (Exceptions may be made if the cancellation is due to illness or injury)
3. There will be no refunds after the start date for the course with zero exceptions.
4. If you are put on a waitlist, your enrollment is assumed unless the club is notified otherwise. If a vacancy arises within your requested time frame, you will automatically be enrolled in the course and therefore will be subject to the afore stated cancellation policy.

RELEASE OF LIABILITY, HOLD HARMLESS, AND INDEMNITY AGREEMENT

In consideration of the British Columbia Sailing Association allowing my child to participate in courses noted on my application, I, on behalf of myself and my child, hereby release the Host venue, BC Sailing Association, and their respective officers, directors and members, any volunteers, parents of other children, and other participants from any claims or causes of action that may arise as a result of my child's, or my, participation. This includes demands in respect to death, injury, loss, or damage to my child or my property, howsoever caused, arising out of or in connection with my child taking part in this course notwithstanding that the same may have been contributed to or caused or occasioned by the negligence of the same bodies, or any of them, or their agents, officials, servants, or representatives. I acknowledge that by participating in this course my child may be subjected to risks of injury of every nature. My child's activities may include the maneuvering of a boat or other watercraft in deep waters and in potentially hazardous conditions which could include, among other risks, cold water temperatures with exposure to hypothermia, strong winds and high waves, sudden and unexpected immersion in deep waters as well as collision with other watercraft or stationary objects such as docks, pilings and buoys. In the event my child or other family member or anyone on behalf of my child should attempt to pursue any claim against any of the released parties, I hereby agree to hold harmless and to indemnify such parties from any and all claims that may be brought against them including actual attorneys fees or costs that may be incurred in defending such claims. I accept responsibility for the participation of my child and agree that it is my responsibility to determine whether my child should be participating. I also agree that my child and I are also bound by the rules, which may govern my child's participation in this event.

This Release, Hold Harmless and Indemnity Agreement is intended by me to be without exception. It applies to any and all claims that might arise under any theory of liability.

Parent/Guardian's Name (please print): _____

Signature: _____ Date (dd/mm/yy): ____/____/____