

Freedom Sailing Camp of Florida, Inc.

(727)224-1726

freedomsailingcamp@gmail.com

Summer Camp Registration Forms

It is the responsibility of the adult participant [ parent/guardian] of the participant to **completely fill out this medical form and evaluation sheet. It will need to be completed before participating with Freedom Sailing Camp of Florida, Inc. activities**

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent /Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_

Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(just use for keep newsletter on FSC)

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_

Phones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\* **Please fill out medical form attached \*\*\***

In consideration of FSC hereinafter FSC, extending to me the privilege in its water program, I fully assume all risk and waive all liability in connection to my child / wards participation in any program, and in particular, without limitation, to the extent by law, I and my heirs, representatives, executors, or administrations and my undersigned parent or guardian (if applicable) remise, release, indemnify, acquit and hold harmless and forever discharge FSC and Pinellas County, A Political Subdivision of the State of Florida, it directors, employees, agents, instructors, including volunteers, rescue and support personnel, from any and all liabilities, obligations, damages, claims, cause of action, judgements, costs and charges that I may have or that may be incurred by me for reason of any occurrence during my travel to and from summer camp or weekend programing, during my participation therein, whether resulting from acts or omissions of any persons, from the operation or condition of facilities or premises, or from acts of god and nature. Moreover, nothing herein shall constitute a waiver by the FSC and Pinellas County its sovereign immunity and the limitation set forth in Section 768.28 Florida States.

**Photo Waiver:**

I hereby agree to comply with all rules and regulation and give my consent for the non compensation of my name and picture in any media account, water sports program, or any other public relations media for the FSC.

**Weather Policy:**

If weather causes camp not to be held, we will make up missed dates by scheduling our student in another week of camp to make up missed time or we will make it up on our weekend events. If we are forced to close due to hurricane conditions, we will be refunded or rescheduled. If we must cancel because of bad weather each parent will be notified before 8am by calling or text.

**Camper Satisfaction:**

During camp we will be offering other fun water activities for our campers during windy days. However, we cannot always guarantee that your child will enjoy our program. If you child does not like camp for any reason, please contact the Director as soon as possible. The objective of the camp is to be out on the water getting wet and sailing and being a part of the community and a safe place to practice social skills.

**Dismissal from Camp:**

To provide a positive experience for all our campers the camp reserves the right to dismiss campers whose behaviors in the opinion of the Camp Director is detrimental to the camp community. A parent/guardian will be notified of any problems in camp before dismissal occurs and the problem may be resolved with possible suspension only. If the camp director feels that this is not possible due to circumstances, then immediate dismissal may result. It will be the parent’s responsibility to pick up the young person. There will be NO REFUND for dismissal. A behavioral record will be filed at FSC.

**Damage Responsibility:**

It is your responsibility to repair or replace any damage of program equipment that is attributed to your child’s reckless or irresponsible behavior.

**Activity, Staff, Location Changes:**

We make every effort to adhere to the planned activities locations, and schedules. Sometimes however, events beyond our control necessitate changes which cannot be predicted beforehand. Accordingly, the camp reserves the right to make activity, staff, and program location changes at its discretion but because of the type of camp we will be having. The staff will try to notify the changes in the schedule if there is need to know to prepare youth for the changes.

**Scheduling Changes:**

Missed days and rescheduling will be scheduled with the instructor so that the youth will not repeat lessons already learned.

**Fees:**

For a two-week summer camp program our fees are $350.00 this includes US Sailing Manual and Small Boat Sailor Certification book. Weekend sailing after the summer camp is $25.00 for an hour of sailing. We have scholarships for our summer camp. You will need to talk to the Director Bonnie Monroe, and she will provide you with the forms to apply for scholarship through FSC.

2020 Summer Camp Schedule: Please Check off weeks you would like to schedule. If you want your young person in a participles age group talk to Ms. Bonnie for age appropriate dates. Two-week program Cost $350.00.

\_\_\_\_\_\_First two weeks June 1st – June 12th

\_\_\_\_\_\_ Second two weeks June 15th- June 26th

\_\_\_\_\_\_ Third two weeks June 29th. -July 10

\_\_\_\_\_\_ Fourth two weeks July 13th – July 24th

**YOUTH SAILING PROGRAM CONDUCT POLICY**

1. **You are required to wear life jackets at all time while on the water or without supervision.**
2. **You are always required to wear close toed water shoes even while sailing.**
3. **You are expected to be respectful to all FSC staff and volunteers as well as you fellow campers.**
4. **You need to listen to and follow your instructors and assistant instructors they are concerned for your safety and the safety of others at camp.**
5. **You must pass the given swim test.**
6. **Improper language of any type will not be tolerated.**
7. **You should come to camp every day ready to get wet, go sailing and work as a team to have fun!**

**Camper Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby affirm that all children listed above have permission to participate in FSC water sports program and understand the rules and conduct they must go by to be participant in this program.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_

**Camper Medical Form:**

Additional Emergency Contract: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone number# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medical factors that would be pertinent in emergency treatment, i.e., allergies, blood type, date of last tetanus injection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a history of, or do they currently have any physical limitations that might prevent them from fully participating in this course? \_\_ yes\_\_\_ no If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can they complete the required swim test? (Using any stroke, swim approximately 50 yards in sailing clothing, including shoes) \_\_\_ yes \_\_\_\_ no

\_\_\_\_\_ not sure.

Will you be available for all classes? \_\_\_\_ yes \_\_\_no \_\_\_\_\_ not sure.

If, due to an unforeseen emergency, a class is missed, are you prepared to take a make-up class? \_\_\_\_ yes \_\_\_\_ no \_\_\_\_\_not sure

What personal goals do you hope to see your young person achieve by taking this sailing program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor use: Swim Test passed \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**LIABILITY WAIVER**

This waiver is good through December 31st of the current year from the date signed, if there is any change in your history it is your responsibility to notify Freedom Sailing Camp of Florida, Inc. (FSC)/Pinellas County Parks and Recreation immediately. It is the responsibility of the participant or parent/guardian to completely fill out this form and then sign the form before participating in any Freedom Sailing Camp of Florida, Inc. (FSC) activity.

In consideration of Freedom Sailing Camp of Florida, Inc. extending to me the privilege of participating in its water sports program, and, without limitation, to the extent permitted by law. I and my heirs, representatives, executors, or administrations and my undersigned parent or guardian (if applicable) remise, release, indemnify, acquit and hold harmless and forever discharge Freedom Sailing Camp of Florida, Inc. and Pinellas County, A Political Subdivision of the State of Florida, and it’s directors, employees, agents, instructors, including and volunteers, rescue and support personnel, from any and all liabilities, obligations, damages, claims, causes of action, judgments, costs, and charges which I may have or which may be incurred by me for reason of occurrence during my travel to and from the events or during my participation therein, whether resulting from acts or omissions of any persons, from the operation or condition of facilities or premises, or form acts of God or nature. I hereby agree to comply with all rules and regulations, give my permission for the free use of my name and picture in any media account of the Freedom Sailing Camp of Florida, Inc. water sports program(s) or any future public relations of fund-raising activity. I also agree to assume liability for all damages to Freedom Sailing Camp of Florida, Inc. property that is under my control while participating in any Freedom Sailing Camp of Florida, Inc activity. I have read the above completely and fully understand what I am signing.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_

For participants under 18, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby affirm that my child/ward has permission to participate in the Freedom Sailing Camp of Florida, Inc. water sport program.

SIGNATURE PARENT OR GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_

Revised 05/25/20