

# Lake Calhoun Sailing School

## HIGH SCHOOL SAILING REGISTRATION FORM

Student Name \_\_\_\_\_ Age \_\_\_\_\_

Student Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School \_\_\_\_\_

Parents/Guardians Name \_\_\_\_\_

Address(if different from above) \_\_\_\_\_

Home phone \_\_\_\_\_ Office \_\_\_\_\_ e-mail \_\_\_\_\_

Who can we contact in case of emergency?

1.) \_\_\_\_\_ Phone \_\_\_\_\_

2.) \_\_\_\_\_ Phone \_\_\_\_\_

### Medical information

Doctor/Clinic Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Medical Record # \_\_\_\_\_

Any medical conditions/problems that we should know about? \_\_\_\_\_

\_\_\_\_\_

**\* IMPORTANT: READ AND SIGN THE REVERSE SIDE OF THIS FORM**

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**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

I, \_\_\_\_\_ authorize the Lake Calhoun Sailing School staff  
(print name of parent/guardian)  
to obtain emergency medical treatment for my child, \_\_\_\_\_, if no family,  
relative or friend can be contacted at the time of the emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent/Release.**

The LCSS has been advised that the following consent/release statement should be included in our registration procedure. It is used, in one form or another, by all organizations that sponsor sports activities.

The undersigned Parent/Guardian recognizes that an element of risk is involved in all water sports including sailing. Therefore, to induce The Lake Calhoun Sailing School to accept his/her child into the Lake Calhoun Sailing School, the undersigned Parent/Guardian covenants and agrees to hold harmless and indemnify the Lake Calhoun Sailing School and the Minneapolis Park and Recreation Board, 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 any person or damage to any property arising out of or in anywise connected with the operation of the Lake Calhoun Sailing School or any activities on (or the use of) any facilities or equipment of the Lake Calhoun Sailing School or the Minneapolis Park and Recreation Board.

It is a requirement of the Lake Calhoun Sailing School that type 3 (or above) lifejackets be worn at all times that the student is not on land. This includes the docks, powerboats, boat lifts as well as sailboats. I have informed my child of this policy.

I have read and understand the Consent/Release statement of the Lake Calhoun Sailing School and Racing Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form must be completed before the student will be allowed to sail.**

Please mail completed form to: Lake Calhoun Sailing School  
c/o Larry Salzman  
2704 Ewing Ave S  
Mpls, MN 55416