

GLSS Emergency Contact / Release Form

Student Name: _____

If Student is a minor, please fill in the following information:

Mother's Name	Father's Name:	
Day Phone:	Day Phone:	
Eve. Phone:	Eve. Phone:	
Who do you wish notified in case of emergency?		
If you cannot be reached at the above phone numbers, please indicate a relative or friend that can authorize and consent to necessary emergency medical treatment:		
Name:	Relationship:	Phone:
1)		
2)		
Doctor/Clinic:	Phone:	
Please circle any that apply and give details below: [Eyeglasses] [Hearing Aids] [Asthma/allergies] [Attention deficit disorder] [Diabetes/hypoglycemia] [Contact Lenses] [Epilepsy] [Circulatory/heart condition] [Hemophilia/bleeding condition]		
Details (use back of sheet if necessary):		

Emergency Treatment Authorization

I/We the undersigned parent, parents, or legal guardian of _____ (the child), a minor, hereby authorize the GLSS and its officers and agents to take whatever actions they believe are warranted under the circumstances for the health and safety of the child, including the placing of the child in the care of a hospital and/or any licensed doctor, dentist or other health care professional. I/We further hereby authorize and consent to any x-ray, examination, anesthetic, surgical or other medical diagnosis, treatment or care (in or out of hospital) of the child rendered by a licensed medical doctor, dentist or other health care professional, at my/our cost and expense. It is understood that this authorization is given in advance of any such diagnosis, treatment or care that may be provided to the child in order to give authority and power to render any such diagnosis, treatment or care which any such licensed doctor, dentist or other health care professional, in the exercise of his/her professional 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 or care may be provided to the child if the undersigned cannot be reached.

Initials: _____

Release

The undersigned parent/guardian recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to induce the Geneva Lake Sailing School to accept his/her child into the Geneva Lake Sailing School, the undersigned parent/guardian covenants and agrees to hold harmless and indemnify the Geneva Lake Sailing School, 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 Geneva Lake Sailing School or any activities on or the use of any facilities or equipment of the Geneva Lake Sailing School.

Initials: _____

Certification of Swimming Skills

I/We the undersigned parent, parents, or legal, do hereby certify the child enrolled can swim unaided for 50 yards and tread water for one minute. The failure of your child to complete his/her swim check will result in dismissal from class without refund.

Initials: _____

Photographic Release

I hereby acknowledge that my child may be photographed while participating in Geneva Lake Sailing School activities and/or programs; I hereby unconditionally authorize Geneva Lake Sailing School, at its sole discretion, to use any such photographs in brochures, flyers and any other advertising, promotional or educational materials.

Initials: _____

Parental Agreement

I/We understand that I/we are responsible for our child's or grandchild's behavior and conduct while at the Geneva Lake Sailing School 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 conference if requested.

Initials: _____

x

Signature of Father, Mother, Guardian, or Adult Student

Date