

Space Coast Sailing

Scholastic Sailing Introduction

Welcome to Space Coast Sailing's (SCS) Scholastic Sailing Program. The program is an exciting and demanding challenge, and the sailor needs to be aware of what will be involved and be willing to work to achieve success. The goal is to become a safe and independent small boat sailor and to be exposed to the sport of sailing, principally through small boat sailboat racing. A swim test is required of all students, which consists of swimming 50 yards in the Indian River Lagoon while wearing sailing clothing and footwear. In addition, each sailor will have to right a capsized boat.

The sailor will be required to provide a life jacket (type 2 preferred) that is Coast Guard approved, the proper size for their weight and build, and be form fitting and comfortable, as you will be wearing it at all times near and on the water. Put your name on it with waterproof ink. A whistle attached to the life jacket is also required. Proper footwear, with soft, non-marking soles will also be worn at all times, both on land and on the water.

Please complete the forms below then return to SCS with payment. Parents of sailors under 18 yrs of age will need to also sign the registration. All parents, regardless of the sailor's age are required to sign the SCS Code of Conduct agreement form.

Space Coast Sailing Registration Form

Please register (sailor's name) _____ in the Space Coast Sailing program for the 2017 fall or 2018 spring semester. The total fee is \$350 per semester. Payment is due at the first practice of the semester. **Please make checks payable to Space Coast Sailing.**

Payment can be made in person at practice or send to:

**Space Coast Sailing
C/O Melbourne YC
1202 River Drive
Melbourne, FL 32901**

I have read the attached Introduction, Participation Agreement and Code of Conduct and Photo Release. I agree to the requirements as described.

Sailor's Signature: _____ Date: _____

Sailor's Contact information:

Name _____

E-mail _____

Phone _____

Space Coast Sailing Participation Agreement for

(Please Print Sailor's Name) _____

I understand that in entering this sailing program I agree to obey all program rules as set forth by Space Coast Sailing Code of Conduct, the host clubs and organizations, the program director and instructors. I further agree that I will use the utmost care while using the boats and equipment. I understand that failure to attend regularly, arrive promptly, or abide by the rules may result in my dismissal from the program without refund.

I assume full responsibility for any loss or damage, excepting loss or damage covered by insurance, which may come to any person, boat, equipment, pier, float, or other property used in conjunction with this program as the result of improper use, negligence, violation of the rules, and other acts of sailors, or other representatives of the club. I accept that the sport of sailing and the conduct of this program entail and are subject to certain inherent risks and assume all risks on land and water for participation in this program. I further agree to hold Melbourne Yacht Club, Eau Gallie Yacht Club and Space Coast Sailing and their representatives harmless for personal injuries and/or property damage.

Sailor's Signature _____

Date: ___/___/____.

Your previous sailing experience: _____

What personal goals do you hope to achieve by taking this course? _____

Parental/Guardian Agreement (if student is a minor):

I understand the contents of this statement and agree to see to it that my child adheres to the program rules. I agree to assume the obligation for the expenses of repair and/or replacement of program equipment that is attributable to my child's reckless or irresponsible behavior. I agree to make an appointment for a parent-instructor conference if requested.

Parent/Guardian's Signature _____

Date: ___/___/____

Medical & Emergency Information

(This form must be completed and signed by you or your parents (if you are a minor) and turned in prior to the start of your course.)

Name: _____ Birth Date: ___/___/____ Sex: M / F

Address: _____
No. Street City State Zip

Do you have a history of, or do you currently have, any physical limitations, learning disabilities, allergies, or other limitations that might prevent you from fully participating in this course? Yes No If yes, please specify what limitations you have: _____

Please check any that apply and provide necessary information:

Chronic Ailments:

Asthma, or other respiratory problems _____
Circulatory or heart problems _____
Diabetes or hypoglycemia _____
Epilepsy _____
Hemophilia, or other blood problems _____

Allergies:

Insect Bites _____
Bee Stings _____
Foods _____
Drugs _____
Others, if significant _____

Current medications or pertinent information _____

Blood Type: _____ Date of last tetanus shot: ___/___/____

Family Physician Name: _____ Phone: _____

Date of last physical examination: ___/___/____

Insurance Carrier: _____ Insurance ID#: _____

Medical & Emergency Information

Who should be notified in case of emergency?

Name: _____ Relation: _____

Phone: _____ or _____

Name: _____ Relation: _____

Phone: _____ or _____

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the Education Law and/or Public Health Law of the State of Florida and on the staff of any hospital holding a current operating certificate issued by the Department of Health of the State of Florida. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being rendered but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the above people prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if any of these people cannot be reached.

Signature _____

Date: ____/____/____

Applicant, or Parent/Guardian (if a minor)

Space Coast Sailing Code of Conduct

All Space Coast Sailors are required to conduct themselves with dignity and courtesy at all times. We are guests at the clubs and facilities where we sail and will obey their rules. Disruptive behavior, bullying, harassment, hazing, emotional or physical misconduct of any type is prohibited at all times. No discrimination based upon gender, race or religious beliefs will be tolerated. Failure to comply with the Space Coast Sailing Code of Conduct is grounds for immediate dismissal of the team without refund.

Sailor's signature and date

Parent or legal guardian's signature, required for all sailors

PHOTO RELEASE

For the good and valuable consideration, the receipt of which is hereby acknowledged, I, _____, hereby grant Space Coast Sailing Education Foundation, Inc permission to use my likeness in a photograph in any and all of its publications, including but not limited to all of Space Coast Sailing Education Foundation, Inc's printed and digital publicatioans. I understand and agree that any photograph using my likeness will become property of Space Coast Sailing Education Foundation, Inc and will not be returned.

I acknowledge that since my participation with Space Coast Sailing Education Foundation, Inc is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize Space Coast Sailing Education Foundation, Inc to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Space Coast Sailing Education Foundation, Inc's programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge Space Coast Sailing Education Foundation, Inc from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Printed Name: _____ Date: _____

Signature: _____

Signature: _____

Signature of guardian if under 18 years of age