

## Sailing the Collegiate Dinghy Clinic at Harvard

### Registration Form

Please complete all 4 pages of information. Missing information may delay your registration. You should consider your registration complete after your registration and payment is processed at *Crimson Sailing Academy*.

#### STUDENT INFORMATION

NAME (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS (STREET / APT) \_\_\_\_\_

(CITY) \_\_\_\_\_ (STATE / ZIP CODE) \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

EMAIL (OPTIONAL) \_\_\_\_\_

POSITION  SKIPPER  CREW - *If crew, name of skipper attending clinic:* \_\_\_\_\_

#### PARENT INFORMATION

1. PARENT / GUARDIAN (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ Mr./ Mrs./ Dr. \_\_\_\_\_

ADDRESS (STREET / APT) \_\_\_\_\_

(CITY) \_\_\_\_\_ (STATE / ZIP CODE) \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK) \_\_\_\_\_

EMAIL (REQUIRED to confirm registration) \_\_\_\_\_

2. PARENT / GUARDIAN (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ Mr./ Mrs./ Dr. \_\_\_\_\_

ADDRESS (STREET / APT) \_\_\_\_\_

(CITY) \_\_\_\_\_ (STATE / ZIP CODE) \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK) \_\_\_\_\_

EMAIL \_\_\_\_\_

*In case of emergency, CSA should call:*  HOME  PARENT/GUARDIAN 1  PARENT / GUARDIAN 2

#### ALTERNATE EMERGENCY CONTACT

CONTACT (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ Mr./ Mrs./ Dr. \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK) \_\_\_\_\_

EMAIL \_\_\_\_\_

#### MEDICAL INFORMATION

PRIMARY CARE PHYSICIAN \_\_\_\_\_

PHYSICIAN'S PHONE \_\_\_\_\_

PARTICIPANT'S:

ALLERGIES \_\_\_\_\_

RESTRICTIONS \_\_\_\_\_

ILLNESS / CONDITIONS \_\_\_\_\_

OTHER HEALTH ISSUES \_\_\_\_\_

MEDICATION CURRENTLY TAKING \_\_\_\_\_

#### INSURANCE INFORMATION

MY CHILD IS COVERED BY FAMILY MEDICAL/HOSPITAL INSURANCE:  YES  NO

NAME OF INSURANCE COMPANY \_\_\_\_\_

INSURANCE HOLDER'S NAME AND RELATION TO PARTICIPANT \_\_\_\_\_

POLICY # \_\_\_\_\_ GROUP ID # \_\_\_\_\_

## RESUME

*Information provided will be used to tailor clinic drills, exercises and practices to participant's skills and experience.*

### A. Please list your finishes in your 5 most competitive regattas of the last 3 years.

	REGATTA AND YEAR	BOAT TYPE	POSITION IN BOAT	FINISH/TOTAL
1.			<input type="checkbox"/> SKIPPER <input type="checkbox"/> CREW	
2.			<input type="checkbox"/> SKIPPER <input type="checkbox"/> CREW	
3.			<input type="checkbox"/> SKIPPER <input type="checkbox"/> CREW	
4.			<input type="checkbox"/> SKIPPER <input type="checkbox"/> CREW	
5.			<input type="checkbox"/> SKIPPER <input type="checkbox"/> CREW	

### B. List your top 3 regattas finishes ever.

	REGATTA AND YEAR	BOAT TYPE	POSITION IN BOAT	FINISH/TOTAL
1.			<input type="checkbox"/> SKIPPER <input type="checkbox"/> CREW	
2.			<input type="checkbox"/> SKIPPER <input type="checkbox"/> CREW	
3.			<input type="checkbox"/> SKIPPER <input type="checkbox"/> CREW	

### C. School.

### D. Describe your yearly team and practice schedule.

### E. Why do you want to participate in this clinic?

### F. What are your long-term sailing goals?

**RELEASE**

The undersigned parent/guardian recognizes that an element of risk is involved in all water sports, including sailing. Therefore to induce the *Crimson Sailing Academy* to accept his/her child into the *Sailing the College Dinghy Clinic at Harvard*, the undersigned parent/guardian covenants and agrees to hold harmless and indemnify *Crimson Sailing Academy, The Sailing the College Dinghy Clinic at Harvard*, 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 our child/ward or damage to any property arising out of or related in any way connected with the operation of the *Sailing the College Dinghy Clinic at Harvard* or any activities on or the use of any facilities or equipment used during *The Sailing the College Dinghy Clinic at Harvard*.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**HOLD HARMLESS AGREEMENT**

Presidents and Fellows of Harvard College  
1350 Massachusetts Avenue  
Cambridge, MA 02138

Officers:

In consideration of your permitting the undersigned to enter into certain of your premises or to utilize certain of your facilities, or both, such as the Harvard Sailing Center for the *Crimson Sailing Academy*, for personal reasons unrelated to your business or affairs, the undersigned hereby covenants and agrees with you, your past, present and future officers, agents, employees, independent contractors, and all other persons associated with them in connection with such premises or facilities, or both, that neither the undersigned nor any of their heirs, executors, assigns, or other representatives of the undersigned will ever assert against you or your officers, agents, employees, independent contractors, and all other persons associated with them in connection with such premises or facilities, or both, any claim from which the undersigned may have reasons of such entrance or use, or both, by the undersigned.

The undersigned also covenants and agrees with you that the undersigned will hold you and your officers, agents, employees, independent contractors, and all other persons and facilities, or both harmless and indemnify you and each of them against any loss, cost, damage, or expense which you or such persons may incur by reasons of any claims or liabilities asserted against you or any of them as a result of such entrance or use, or both.

This letter is intended to take effect as a sealed instrument and to be governed by the Commonwealth of Massachusetts.

\_\_\_\_\_  
PARTICIPANT'S NAME (Please print)

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

**PARENTAL AGREEMENT – BEHAVIOR AND CONDUCT**

I/We understand that I/We are responsibility for our child or grandchildren's behavior and conduct while at the Harvard Sailing Center and will see to it that our child/children adheres to the program's rules. I/We agree to assume the obligation of expense or repair and/or replacement of program equipment that is attributed to our child/grandchild's reckless or irresponsible behavior and the expense of medical care if our child is injured.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

## EMERGENCY TREATMENT AUTHORIZATION

I / We, the undersigned parent, parents or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any physician licensed in the Commonwealth of Massachusetts. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide the authority and power to render care where 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 undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MEDICAL INSURANCE COMPANY

\_\_\_\_\_  
POLICY NUMBER

## SWIMMING AFFIRMATION

I hereby affirm that my child \_\_\_\_\_ can swim 100yards, continuously and unassisted.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

## PHOTO RELEASE NOTICE

I acknowledge and am aware that photo and/or video images of my child may be taken while at the academy and may be used in materials to promote the *Crimson Sailing Academy*. All rights to these images are assigned to *Crimson Sailing Academy* and its designates. I understand that my child's name will not be used, and that the images will be for the sole use of *Crimson Sailing Academy*.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

## SESSIONS

Please select a date and send a check payable to *Crimson Sailing Academy* with the registration.

**April 16-18**

**\$200** if postmarked after **March 26**. **\$185** if postmarked by **March 26**.

**April 16-20 – Sailing the Collegiate Dinghies & Advanced Team Racing**  
**\$300**.

**August 21-23**

**\$200** if postmarked after **July 31**. **\$185** if postmarked by **July 31**.

## CANCELLATION

Registrations cancelled 30 days prior to the clinic start date will receive a full refund. Registrations cancelled within 30 days of the clinic start date will **not** be refunded.

## PARTICIPATION

Slots are reserved on a first-come first-served basis. A minimum of 10 students is required for the clinic to proceed. The first 20 registered sailors are guaranteed a slot. If at least 30 registrations are received, the clinic will be expanded to include a second coach and a maximum of 36 slots.

*Crimson Sailing Academy* rents facilities at Harvard University. Harvard University does not sponsor *Crimson Sailing Academy*, and therefore does not exercise supervision or control over *Crimson Sailing Academy*.

Your registration will not be processed unless full payment is received.

Mail completed forms to:

**CRIMSON SAILING ACADEMY**

**P.O. Box 335**

**Belmont, MA 02478**

[info@CrimsonSailingAcademy.com](mailto:info@CrimsonSailingAcademy.com)

