

2019

CRIMSON SAILING ACADEMY LLC

Sailing Clinics at Harvard

Registration Form

Sailing the Collegiate Dinghies (SCD) & Advanced Team Racing (ATR)

Please complete all 4 pages of information. Missing information may delay your registration. To **reserve a spot, full payment** must be made. If paying by **credit card**, please **email** us the clinic of interest and we will send you a link for payment. If paying by **check**, mail a check payable to **Crimson Sailing Academy** with the registration.

FOR OFFICE USE ONLY

DATE RECEIVED

STUDENT INFORMATION

NAME (LAST) (FIRST)

DATE OF BIRTH

ADDRESS (STREET / APT)

(CITY) (STATE / ZIP CODE)

PHONE (HOME) (CELL)

EMAIL

POSITION SKIPPER CREW *Name of boat mate attending clinic:*

T-SHIRT SIZE Adult S Adult M Adult L Adult XL

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)

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

MEDICATIONS

RESTRICTIONS

OTHER HEALTH ISSUES

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 #

EMERGENCY TREATMENT AUTHORIZATION

My child is physically able to participate fully and safely in the Crimson Sailing Academy (CSA) and has no medical condition, which would limit his/her participation. I will be fully responsible for all medical expenses incurred by my child while attending CSA. I grant CSA staff the authority to take appropriate actions for my child's health and safety, and to obtain medical assistance if necessary. I realize that there are unavoidable risks involved in sailing. I understand that neither CSA coaches, nor Harvard University can accept responsibility for injuries, accidents or mishaps involving my child during their week at CSA. I have provided accurate information here-in, and have read and freely signed this agreement, which shall take effect as a sealed instrument.

PARENT SIGNATURE

DATE

SESSIONS

Please select a date. If paying by **credit card**, please **email** us the clinic of interest and we will send you a link for payment. If paying by **check**, mail a check payable to **Crimson Sailing Academy** with the registration.

Sailing the Collegiate Dinghies (SCD)

April 16-18 : Tuesday – Thursday
\$225. \$210 if registered by March 16.

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 sailors** registered are **guaranteed a slot**. The clinic may be expanded to a maximum of 36 sailors provided additional coaches are available.

Advanced Team Racing (ATR)

August 20-22 : Tuesday - Thursday
\$300. \$280 if registered by July 20.

Slots are reserved on a first-come first-served basis. A **minimum of 12 sailors (6 boats)** is required for the clinic to proceed. The first **20 sailors** registered boats are **guaranteed a slot**. The clinic may be expanded to a maximum of 38 sailors provided additional coaches are available.

CANCELLATION

Registrations cancelled 30 days prior to the clinic start date will receive a refund less \$30 processing fee. Registrations cancelled within 30 days of the clinic start date will **not** be refunded.

PHOTO RELEASE NOTICE

Photo and/or video images of participants may be taken and used in promotional materials. All rights to these images are assigned to *Crimson Sailing Academy* and its designates.

AGREEMENT

SWIMMING AFFIRMATION

I hereby affirm that my child can swim 100 yards, continuously and unassisted, and tread water for two minutes.

BEHAVIOR AND CONDUCT

I understand that I am responsible for my child’s behavior and conduct while at the Harvard Sailing Center. I agree to assume the obligation of expense or repair and/or replacement of program equipment that is attributed to my child’s reckless or irresponsible behavior and the expense of medical care if my child is injured.

CRIMSON SAILING ACADEMY

I recognize that an element of risk is involved in all water sports, including sailing. Therefore to induce the **Crimson Sailing Academy** to accept my child, I covenant and agree to hold harmless and indemnify **Crimson Sailing Academy**, 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 my child or damage to any property arising out of or related in any way connected with the operation of the **Crimson Sailing Academy** or any activities on or the use of any facilities or equipment used during **Crimson Sailing Academy**.

HARVARD UNIVERSITY

I hereby give permission for my child to participate in all activities of **Crimson Sailing Academy LLC** run by **Bern Noack** and held at **the Harvard Sailing Center** on Harvard University’s campus (the “Program”). I understand that the Program is not run by Harvard University. I agree that to participate in the Program, my child and I will be required to observe standards of conduct. I will instruct my child to comply with the Program’s standards of conduct, both those that are provided in writing at the commencement of the Program and those that may be issued, orally or in writing, from time to time at the discretion of the instructor. I agree that the Program has the right to enforce its standards of behavior and may terminate my child’s participation in the Program for any conduct, which the Program considers to be incompatible with the interests, comfort and welfare of the instructor or the other children participating in the Program.

I acknowledge that my child’s participation in the Program may involve risk of personal injury. I hereby certify that I understand the nature and extent of the risks inherent in the Program, and the use of facilities, equipment or services in association with the Program.

On behalf of my child, and myself I hereby assume all risks related to participation in the Program, including but not limited to accident, death, injury or illness, including personal or bodily or mental injury of any nature. I further hereby, on behalf of myself, my child and anyone claiming through myself or my child, do FOREVER RELEASE President and Fellows of Harvard College (“Harvard”), its trustees, officers, employees, volunteers, students, agents and assigns from any cause of action, claims, or demands of any nature whatsoever, including but not limited to a claim of negligence which I, my child, or anyone claiming through myself or my child, may now or in the future have against Harvard on account of personal injury, bodily injury, property damage, death or accident of any kind, arising out of or in any way related to my child’s participation in the Program howsoever the injury is caused.

I understand that this Program is not a medical or health care program. I have no expectation of any medical or health benefit to my child from participation in the Program.

I certify that my child is medically able to participate in the Program and is free from any communicable, infectious or contagious diseases.

IN CASE OF EMERGENCY such as accident or injury, I give permission to the Program to provide assistance to procure emergency medical care in the event that person(s) or I designate on the reverse of this form cannot be reached.

PLEASE SIGN TO AFFIRM ALL TERMS AND AGREEMENTS

CHILD’S NAME (Please print)

PARENT SIGNATURE

DATE

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 3 most competitive regattas of the last 3 years.

FLEET RACING 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	

B. Sailing the Collegiate Dinghies (SCD): List your finishes in your top 3 regattas ever.

Advanced Team Racing (ATR): List your finishes in your 3 most competitive team racing 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	

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?

The Crimson Sailing Academy LLC rents Harvard University facilities, but is neither sponsored nor controlled by Harvard University.

info@CrimsonSailingAcademy.com
TEL: 85-SAILING-1 (857) 245-4641

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

Mail completed forms to:

CRIMSON SAILING ACADEMY LLC
P.O. Box 335
Belmont, MA 02478