

JUNIOR SAILING REGISTRATION FORM

Name: _____ Age: _____

Address: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian Email: _____

T-Shirt Size (circle as required) YM YL AS AM AL AXL

Sailing Camp #1 June 24 - 28, 2024 (circle as required) Beginner / Intermediate \$ 175

Sailing Camp #2 July 8 - 12, 2024 (circle as required) Beginner / Intermediate \$ 175

Sailing Camp #3 July 22 - 26, 2024 (circle as required) Beginner / Intermediate \$ 175

Pre-Race Camp #4 Aug 1 - 2, 2024 (circle as required) Beginner / Intermediate \$ 70

NSA Jr Member Fee (**required for non-NSA members**): (circle as required) \$ 25

(One-time Jr. Membership fee valid for 1 year)

(Check made out to NSA)

Check #: _____

Total: \$ _____

NOTE: Kansas requires all persons under 21 who operate a boat (sailboat included) to complete a certification course – for more information go to <http://ksoutdoors.com/Boating/Boating-Education>

AUTHORIZATION FOR CONSENT TO TREATMENT OF A MINOR

The undersigned parent or guardian of, a minor, does hereby consent to any emergency X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of Ninnescah Sailing Association agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

Persons to Contact in an Emergency:

1. Name/Phone _____

2. Name/Phone _____

Family Doctor/Phone _____

Insurance Company/Policy # _____

Known Allergies/ Medical Concerns: _____

Signature of Parent or Legal Guardian: _____ Date: _____

MAIL COMPLETED REGISTRATION FORMS TO:

Rodney Johnson, 822 N Bristol Ct, Wichita, KS 67206

For more information call:

Rodney Johnson
316-258-0002

or:

Peyton Adair
316-617-3372

or:

Amber Hempe
316-350-5858

Ninnescah Sailing Association - Individual Participation Agreement

Parent's Consent - Assumption of Risk - Release and Indemnity Agreement

The undersigned parent(s) or legal guardian(s) of _____ (the "Child"), request that the Child be allowed to participate in any Ninnescah Sailing Association ("NSA") Junior activity (the "Activities").

This agreement shall remain in effect until NSA Junior Committee receives written notice of the cancellation of the consent or until the end of the Activities described above.

In return for the Child being permitted to take part in the Activities and to use the facilities and property of the NSA or Ninnescah Education and Safety Training, Inc. ("NEST") including boats (collectively, the "NSA Property"), the undersigned represent, warrant and agree as follows:

1. I am familiar with the Activities, and I understand the officers and employees of the NSA are available to discuss the activities should I wish additional information. I also understand I am solely responsible for the arrival and departure of my Child at the beginning and end of each day's Activities. I will not allow my Child to remain on the premises of NSA after each day's program without appropriate supervision or the written permission of NSA. I agree NSA will have no responsibility for the supervision of my child at times other than during the scheduled Activities. I will inform my child that he/she is expected to cooperate with, and follow the directions of the persons in charge of the activities, and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.

2. My Child is in good health, and I know of no reason why he/she would be incapable of participating in the Activities. My child knows how to swim. I will immediately notify NSA of any change in my Child's health or other condition which may affect my Child's ability to participate in the Activities.

3. I am fully acquainted with the rules and procedures established for the use of the NSA Property. I agree to abide by all rules of the NSA, including the rules and procedures established for use of the NSA Property.

4. I agree to promptly notify the NSA of any loss or damage to the NSA Property and to pay to the NSA, upon demand, the amount of any damage to the NSA Property which occurs during, arises from, or is any way connected to my Child's use, operation or control of the NSA Property, or participation in the Activities.

5. **ASSUMPTION OF RISK:** I am aware that the Activities may involve maneuvering a boat, sailboard, or other watercraft on deep water in potentially hazardous conditions which may include among other things, strong winds and high waves, sudden and unexpected immersion in deep waters and collision with other watercraft or stationary objects such as docks, pilings, and buoys. I also understand and acknowledge that sailing can be an extreme test of a person's physical and mental limits, and the use or operation of the NSA Property carries with it the potential for death, serious injury and property loss and I, for myself and on behalf of my Child, assume all risk of loss, damage, or destruction, partial or complete, incurred or occasioned by any cause, circumstance or event of whatever nature which arises from or is in any way connected to my Child's use, operation or control of the NSA Property, or my Child's Participation in the Activities. I further understand, acknowledge and agree that any damage, loss or injury that I or my Child may suffer, or that may be suffered by others, which arises from or is in any way connected to my Child's use, operation or control of the NSA Property, or My Child's participation in the Activities, is not the responsibility of the NSA or NEST, or the members, officers, directors, governors, employers, representatives, or volunteers of either (hereinafter the "NSA Parties") and I agree never sue, nor prosecute any action against, nor make any claim or demand upon any of the NSA Parties, for any claim arising out of my use or my Child's use of the NSA Property, my Child's participation in the Activities, or in any way related to this agreement.

(Please initial to indicate you have read this paragraph. _____)

6. **RELEASE AND INDEMNITY:** Having knowingly assumed all risk in connection with the use and operation of the NSA Property and participation in the Activities, I, for myself, and on behalf of my child, COMPLETELY RELEASE and DISCHARGE THE NSA Parties from any and all claims of liabilities for death, personal injury, property damage or other damages of any kind, known or unknown, foreseen or unforeseen, which occur during, arise out of, or relate in any way to my Child's use, operation or control of the NSA Property, or my Child's participation in the Activities, and I further agree to indemnify and hold harmless the NSA Parties from any such claims and damages, including any reasonable attorneys' fees and expenses incurred by any of the NSA parties in defense of such claims or damages. Further, I agree to pay all costs incurred by the NSA, or any of the NSA Parties as the case may be, including attorneys' fees and all expenses, to enforce any of the terms of this agreement.

(Please initial to indicate you have read this paragraph. _____)

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES AN ASSUMPTION OF RISK AND AN AGREEMENT BY ME TO RELEASE and INDEMNIFY THE NSA PARTIES, AND I SIGN IT OF MY OWN FREE WILL.

Child's Signature _____ Parent/Guardian's Signature _____

Print Name _____ Print Name _____

Date: _____