

Community Boating Center

REGISTRATION INFORMATION (REQUIRED) PLEASE COMPLETE ONE FORM FOR EACH STUDENT

Student Name: _____ Date of Birth: ____/____/____ Grade in Sept: ____
First Last (Nickname)

Mailing Address: _____
Number Street Name Apartment # City State Zip

Home Phone: _____ E-Mail: _____ School Attending: _____

Parent's Name: _____ Work Phone: _____ Cell Phone: _____

DEMOGRAPHICS INFORMATION (OPTIONAL) THIS INFORMATION IS USED FOR GRANT WRITING AND REPORTING PURPOSES ONLY.

Household Income:

- ☐ \$24,999 or less
☐ \$25,000 - \$49,999
☐ \$50,000 - \$74,999
☐ \$75,000 - \$99,999
☐ \$100,000 - \$149,999
☐ \$150,000 - \$199,999
☐ \$200,000 or more
☐ Prefer Not To Say

Race/Ethnicity:

- ☐ African American
☐ Caucasian
☐ Hispanic / Latino
☐ Native American
☐ Asian/Pacific Islander
☐ Multi-Racial
☐ Other: _____

Languages Spoken at Home:

- ☐ English
☐ Creole Cape Verdean
☐ French
☐ Portuguese
☐ Spanish
☐ Other: _____

PHOTO RELEASE

I hereby grant permission to Community Boating Center, Inc. (CBC) or assigns ("Photographer") the irrevocable right and unrestricted permission with respect to photographic images of _____ (student's name) at CBC, on boats or docks, or in which my child may be included, to use and/or publish individually or in conjunction with any printed matter, in any and all media, and for any legal purpose whatsoever, including, but not limited to illustration, promotion, exhibition, publication, advertising and trade. Furthermore, I consider CBC the sole and complete owner of any such photographs. I warrant I have the right to authorize these uses and hereby agree to hold CBC harmless of any and all liability in perpetuity.

Parent or Guardian Signature

Parent/Guardian Print Name

Date

WAIVERS - (REQUIRED) BOTH WAIVERS MUST BE SIGNED PRIOR TO REGISTERING CHILD FOR CLASSES.

Medical Waiver

As the parent or legal guardian of the registrant _____ (student's name), a minor, I/we authorize and consent to x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of a Massachusetts-licensed physician or dentist, and on the staff of any acute general hospital holding a current license from the State of Massachusetts Department of Public Health. This authorization is given in advance of any emergency, and is given to provide authority to render care, which a physician, in the exercise of his/her best judgment, may deem advisable. It is understood that every effort will be made to contact the undersigned prior to rendering treatment, but treatment will not be withheld if the undersigned cannot be reached.

Signature of Parent or Guardian

Parent/Guardian Print Name

Date

Waiver, Release, and Indemnity Agreement

I give permission for _____ (student's name) to attend the program at Community Boating Center, Inc. I acknowledge the potential hazards of the sport of sailing, including injury, loss and damage, and agree that my child will use Community Boating Center's boats and equipment at their own risk, abide by Community Boating Center's safety obligations and agree not to sue, to hold harmless and to indemnify Community Boating Center, Inc., their agents, officers and employees from any and all claims of injury or loss to person or property arising from child's operation or use of Community Boating Center's boats and equipment.

Signature of Parent or Guardian

Parent/Guardian Print Name

Date