

REGISTRATION - MEDICAL HISTORY



HIPAA - All health records are securely stored and kept confidential according to all HIPAA laws.

MUST BE FILLED OUT EACH YEAR

Child's Name _____ Date of Birth _____

Child's Physician _____ Physician's Phone Number _____

Address of Physician _____

Name of Dentist _____ Dentist's Phone Number _____

Name of Orthodontist _____ Orthodontist's Phone Number _____

Do you carry medical/hospital insurance? Yes ___ No ___ Insurance Carrier _____

*Make sure forms are filled out completely. If not applicable, please write N/A.

Chronic or recurring illness/medical condition _____

Dietary restrictions _____

Allergies _____

Current Medications _____

Behavior concerns we should be aware of:

PHYSICAL FORM TO BE ATTACHED

I _____ understand that I must request a current (within the last two years) copy of my child's physical from his/her physician and submit that form for this registration to be complete.

Parent/Guardian's Initials: _____

IMMUNIZATION FORM TO BE ATTACHED

I _____ understand that I must request a copy of my child's immunization record from his/her physician and submit that form for this registration to be complete.

Parent/Guardian's Initials: _____

REGISTRATION - CONTACT & EMERGENCY INFORMATION

Your child will not be released to any person other than those indicated on the sheet below. Photo I.D. is required by anyone when picking up a child.



In case of an emergency/ illness, we will call the following contacts in the order listed unless otherwise noted.

EMERGENCY CONTACTS / AUTHORIZATION FOR PICK - UP

For your child's protection and safety it is mandatory that the Director have your current phone number and at least one emergency contact at all times. All changes to this information must be given directly to the Director.

If early pick-up is deemed necessary by Director due to illness or discipline issues, a call will be made to you the parent or your emergency contact. It is our policy that pick-up take place within the hour.

Parent/Guardian/Relationship _____ Best Phone# _____

Address _____

Email Address _____

Parent/Guardian/Relationship _____ Best Phone # _____

Address _____

Email Address _____

Emergency Contact _____ Day Phone # _____

Relationship _____ Other Phone # _____

Emergency Contact _____ Day Phone # _____

Relationship _____ Other Phone # _____

Emergency Contact _____ Day Phone # _____

Relationship _____ Other Phone # _____

Emergency Contact _____ Day Phone # _____

Relationship _____ Other Phone # _____

Emergency Contact _____ Day Phone # _____

Relationship _____ Other Phone # _____

REGISTRATION - CONTACT & EMERGENCY INFORMATION



IF YES TO EITHER QUESTION BELOW, A COPY OF ORDER IS NEEDED FOR THE CHILD'S FILE. PLEASE ATTACH TO REGISTRATION INFORMATION.

IS THERE A CURRENT RESTRAINING ORDER REGARDING WHO MAY HAVE CONTACT WITH THIS CHILD? IS THERE A COURT ORDER IN REGARD TO THE CHILD'S CUSTODY?

Signature of parent/guardian _____

Relationship to child _____ Date _____

REGISTRATION - WAIVER & AUTHORIZATION FORM



WAIVERS: Please carefully read the following 6 waivers/authorizations

1) PHOTO/MEDIA WAIVER:

I, _____ the parent/guardian shown on this form, wish my child to be enrolled in sailing and educational programs with the Pleasant Bay Community Boating. I hereby give permission for photographs and other media materials to be used for promotional display purposes and local media and news coverage.

Parent/Guardian's Initials: _____

2) PLEASANT BAY COMMUNITY BOATING, INC. RELEASE AND DISCLOSURE WAIVER:

I am aware in signing this document for my child's participation in various or certain programs and activities offered by Pleasant Bay Community Boating, that certain elements of such programs or activities can be physically or emotionally demanding. The Pleasant Bay Community Boating staff will use reasonable efforts to minimize my child's exposure to known risks, but I recognize that not all dangers and hazards can be foreseen. Further, I am aware that certain inherent risks exist in some programs and activities that are beyond the control of the Pleasant Bay Community Boating staff. I acknowledge the absolute responsibility of my child to follow safety rules, standards, guidelines and procedures established for each activity and program. Failure to follow such rules and regulations may result in my child's dismissal from the program. I will encourage my child to ask for clarification or assistance if he/she doesn't understand any safety instructions.

I knowingly release and hold Pleasant Bay Community Boating, Inc., and its employees, agents, volunteers, officers and directors, harmless from and against all liability for loss or injury to my child resulting from his/her participation in any activity or program. I agree to indemnify Pleasant Bay Community Boating, Inc., and its employees, volunteers, agents, officers and directors, for all costs and expense which it or they may incur due to claims or demands alleging such an injury, including settlement payments, court judgments, and legal defense fees. I agree that Pleasant Bay Community Boating, Inc. shall have final authority regarding the defense and settlement of claims or suits brought against it or any of its employees, agents, volunteers, officers or directors, claiming any such injury.

Parent/Guardian's Initials: _____

3) AUTHORIZATION TO ADMINISTER MEDICATION FORM REQUIREMENT:

I _____ understand that the Authorization To Administer Medication Form must be completed prior to camp. Contact the Director with any questions. This form will be available prior to and on the first day of each session or class. Medications MUST be brought to camp by a parent/guardian. Medications MUST be in the original container with a correct and current prescription label (pharmacy will provide a separate container upon request).

Parent/Guardian's Initials: _____

4) AUTHORIZATION TO PROVIDE CARE:

In the event of illness or accident to my child while attending Pleasant Bay Community Boating educational programs, I hereby authorize the Director, Nurse of the Camp or the medical personnel selected by the Director to administer and/or secure prompt medical treatment for my child. I also give permission to release any records necessary for insurance purposes and to provide or arrange related transportation for my child to the nearest medical facility as necessary. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director to secure and administer treatment, including hospitalization for my child. I also state this health history is correct to the best of my knowledge, and the person herein described has permission to engage in all program activities except as noted.

Parent/Guardian's Initials: _____

5) TRANSPORTATION WAIVER:

I _____ will have a responsible adult pick up my child at the Pleasant Bay Community Boating as specified at the designated time. I have read and agree to the pick-up procedure release policy for Pleasant Bay Community Boating as stated in the parent handbook.

Parent/Guardian's Initials: _____

REGISTRATION - WAIVER & AUTHORIZATION FORM

CONTINUED: Please carefully read the following waivers/authorizations



6) BOATING AND MARINE SCIENCE WAIVER:

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: This is a legally binding agreement. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Pleasant Bay Community Boating, Inc. Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in boating and marine science activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with boating participation in all activities, including but in no way limited to: (1) slips, trips, and falls, (2) encounters with nature including toxic plants and animals, (3) aquatic injuries, (4) athletic injuries, and (5) boating and/or marine science equipment or activities. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Pleasant Bay Community Boating program participation and that said list in no way limits the operation of this Agreement.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in Pleasant Bay Community Boating programs, _____ the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Pleasant Bay Community Boating, Inc., its officers, agents, and employees from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Pleasant Bay Community Boating, Inc. on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Pleasant Bay Community Boating, Inc. facilities/equipment or participation in Pleasant Bay Community Boating, Inc. programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Pleasant Bay Community Boating, Inc., its officers, agents, and employees.

In consideration of the named minor's participation in boating and/or marine science programs I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Pleasant Bay Community Boating, Inc., its agents and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's boating and marine science program participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in boating and marine science program participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in boating and/or marine science programs and that by signing this agreement I hereby, on behalf of myself and the named minor, release Pleasant Bay Community Boating, Inc., its officers, agents, and employees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in boating and marine science programs.

I, in my legal capacity as parent/guardian of the named minor, expressly agree, on behalf of myself and the named minor, that this document is intended to be **as broad and inclusive as permitted by the law of Massachusetts** and that if any portion of the document is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Furthermore, I expressly agree that this document shall be governed by and interpreted in accordance with the laws of Massachusetts and that Massachusetts shall have exclusive venue to hear any and all disputes relating to or arising from this document.

I further certify that my date of birth is ____/____/____ (MM/DD/YYYY), that my present age is ____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will. The foregoing written agreement represents the entire understanding between the parties. No oral representations, statements or inducement apart from the foregoing written agreement have been made.

IN WITNESS WHEREOF, this instrument is duly executed this _____ day of _____ in the year ____.

Participant Name (Print Clearly)

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)