

NANTUCKET COMMUNITY SAILING – ROWING REGISTRATION 2010

Please print out ALL pages

STEP 1:

Student's Name: _____ Sex: M ___ F ___

Cell Phone: _____

Summer Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Summer Phone: _____

Winter Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Winter Phone: _____

Email Address: _____

STEP 2:

ADULT PROGRAM CANCELLATION POLICY:

- Private Lessons must be cancelled 24 hours in advance; otherwise the entire lesson fee will be forfeited.
- There are NO REFUNDS for missed lessons or lessons that are cancelled due to bad weather.

I understand and agree to the NCS Program Cancellation Policy.

Initials: _____

STEP 3:

WAIVER:

I understand and acknowledge that there are possible dangers involved in sailing and its associated activities. In consideration of the opportunity for myself (or my student) to participate in the sailing program conducted by Nantucket Community Sailing, Inc. (NCS), either with or without instruction, I hereby assume all risks in connection with myself or my child's use of the boats, the shore area, the floats and all other facilities of NCS. I hereby release and waive all present and future claims against NCS, its agents, servants, employees, directors, and officers for personal injury or otherwise arising from my own (or my student's) participation in the sailing program, the use of boats, floats or other facilities, or instruction received from NCS. I hereby agree to hold NCS harmless and indemnify NCS against any and all loss, cost, claim, or damage as a result of NCS activities or facilities.

Signature: _____ Date: _____

STEP 4:

MEDIA/PHOTO WAIVER:

I hereby authorize and give my full consent to NCS to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending or participating in NCS events. I further agree that NCS may transfer, use or cause to use, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

Signed: _____ Date: _____

STEP 5:

Nantucket Community Sailing Adult Medical Form 2010

Student's Full Name: _____ Sex: M ___ F ___

List any special conditions:

(i.e. specify injuries, weakness, eyeglasses, contacts, hearing aid, anxieties, fears, hyperactivity, learning disabilities, etc.)

Please select those that apply and provide necessary details:

Chronic ailments:

- ___ Asthma or other respiratory problems
- ___ Circulatory or heart problems
- ___ Diabetes or hypoglycemia
- ___ Epilepsy
- ___ Hemophilia or other bleeding problems
- ___ Other, please describe _____

Allergies:

- ___ Bee stings or other insect bites
- ___ Foods
- ___ Medications
- ___ Other, please describe _____

Date of last Tetanus shot: _____

Current medication(s) if any: _____

Physician: _____ Phone number: _____

Dentist: _____ Phone number: _____

Health Insurance Provider: _____ ID #: _____

Emergency contacts:

Name	Relationship	Phone Number
1. _____		
2. _____		
3. _____		

I, the undersigned do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the supervision of any qualified health care professional or staff of any hospital holding a current operation certificate issued by the State Department of Health. 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 to render care which the aforementioned physician in the exercise of his 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.

Signed: _____ Date: _____

Rower's Name: _____

STEP 6:

ROWING PROGRAM REGISTRATION:

Nantucket Community Sailing is pleased to announce a pilot rowing program out of Polpis Harbor*. This program will be coached by Rick Porteus, who is returning to Nantucket for his third summer coaching novice and intermediate rowers. Rick has more than twenty years' experience coaching youth and adults, ages 12 through 69, and looks forward to the expansion of rowing under Nantucket Community Sailing. The program will use one Four and a motor boat for the coach and has a capacity of six participants per session. The cost is \$250.00 per session, per person, plus the NCS membership fee of \$75.00.

___ Session 1: August 24, 2010 – September 3, 2010 6:30am – 8:30am (Tuesday - Friday)

___ Session 2: August 24, 2010 – September 3, 2010 5:00pm – 7:00pm (Tuesday - Friday)

** Participants will use the Polpis Harbor Access Road at the intersection of Polpis Road and Wauwinet Road, and park in the designated parking lot (Nantucket Land Bank property).*

Once the registration form has been completed with all information, initials and signatures, you may mail or fax the form and payment to:

Nantucket Community Sailing
PO Box 2424
Nantucket, MA 02584

Fax: 508-325-7757

STEP 7:

PAYMENT INFORMATION:

Please complete the following payment information.

Clinic Fees: \$ _____

Donation: \$ _____

2010 NCS Membership: \$ _____

(Membership fee waived for Westmoor Club Members. Must Provide Audit #)

An NCS Membership may be mandatory to participate in some programs

NCS Membership Options

- (a) Individual \$75 (b) Family \$200
- (c) Jetties Sailing Center - Resident \$350, Adult \$550, or Family \$700

Total Amount Enclosed: \$ _____

A Jetties Sailing Center family membership allows discounted rates for your family to all NCS boats and equipment at Jetties Beach.

Please circle form of payment: **Credit Card** or **Check #** _____

To keep program costs down, we prefer payment by check. For your convenience you may, however, hold classes with a credit card and send a check.

Credit Card #: _____ Expiration Date: _____

Signature: _____ Date: _____