

2009 BOOM Participant Registration Form



Name of Participant: _____

Name of Parent or Guardian (youth): _____

Address: _____ City: _____ Postal: _____

Phone (H): () _____ Phone (W): () _____ ext: _____

Email: _____

Date of Birth: _____ Male _____ Female _____

Emergency Contact: _____ relation: _____ Phone: _____

Emergency Contact: _____ relation: _____ Phone: _____

Family Doctor: _____ Phone: () _____

Health Card Number: _____

Are there any medical, learning or behavioural conditions of which we should be aware (including insect, food and medical allergies)? Yes _____ No _____

If yes, please explain: _____

Please list who will be dropping off/picking up the participant (youth): (First & last names)

Course Location: _____ Dates of Course: _____

Youth Program _____ Adult Program _____ Previous Sailing Level Achieved _____

Waiver

I understand that it is a condition of my participating in this program that I do so at my own risk. Therefore in consideration of my acceptance of entry into this program, I agree to save harmless and keep indemnified Ontario Sailing, the host club or organization, the Canadian Yachting Association, the organizers and their respective agents, officials, servants and representatives from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in this program, notwithstanding that the same may have been contributed to or caused or occasioned by the negligence of the same bodies, or any of them, or their agents officials, servants or representatives. I further understand and agree that this release is binding upon myself, my heirs, executors and assigns. I understand that photographs and videos taken of program participants, staff may be used for promotional purposes and I hereby consent to such by Ontario Sailing. I have read and understand Ontario Sailing's **Privacy Policy**.

Participants Signature _____ Date _____

(Parent or Guardian if participant is under 18 years of age)

Please send the completed form and payment to the Host Representative and not to Ontario Sailing

For more information on the BOOM Program please feel free contact Ontario Sailing @ 1-888-672-7245 ext 226 or ucansail@ontariosailing.ca