SAILOR REGISTRATION-ADDITIONAL FORMS

STUDENT:_____

PARENT/GUARDIAN RELEASE AND WAIVER OF LIABILITY

I request permission for the above-mentioned Student to participate in sailing classes with the Treasure Coast Youth Sailing Foundation, Inc. (TCYSF), and to use boats and equipment owned, leased or operated by TCYSF.

I fully understand that boating, sailing and water related activities can be dangerous activities, and I request permission for the Student to participate in these activities knowing they have the potential for being dangerous. I accept and assume all the risks of injury or death of the Student, damage to my or the Student's property, and accept any liability that may arise due to the Student's actions when participating in activities, including injury or death or damage to the property of others.

I represent to TCYSF and the City of Fort Pierce, that the Student has no undisclosed physical or mental impairment other than as set forth on the TCYSF medical information form, and further represent that the Student has no physical or mental limitations or chronic ailments that will prevent him/her from safely participating in the program.

I agree to be responsible for all damages occurring to any TCYSF boats or equipment while said boat or equipment is being used by the Student.

I am fully cognizant of the risks of boating, sailing and water related activities, and I understand and agree that the TCYSF and the City of Fort Pierce on-shore and off-shore facilities, including but not limited to hoists, storage facilities, launching ramps, docks and moorings shall be used solely at the Student's own risk. A Personal Flotation Device will be provided for each Student and must be worn by the Student at all times while on the water. The use of a safety helmet is optional, and if used, must be provided by the Student.

In exchange for the Student being permitted to participate in these activities I hereby release and agree not to make or bring any claim of any kind against TCYSF and the City of Fort Pierce, or their officers, directors, members, employees, contractors or guests, or any landowners, landholders, or other persons making property available to or for TCYSF, for any injury, including death, to the Student or any damage to my or the Student's property whether arising from anyone's negligence or not, or any other cause arising out of the Student's participation in these boating, sailing or water related activities. I also agree if anyone makes any claims because of any injury, including death, or for any damage to my or the Student's property, I will keep all those released by this agreement free of any damages or costs because of those claims.

Signed:_____Date: _____

Parent/Guardian

Completed waiver forms can be submitted to info@tcysf.org or mailed to TCYSF, P.O. Box 1783, Ft. Pierce, FL 34954.

SAILOR REGISTRATION-ADDITIONAL FORMS

STUDENT:_____

PARENT/GUARDIAN RELEASE AND WAIVER OF LIABILITY

I request permission for the above-mentioned Student to participate in sailing classes with the Treasure Coast Youth Sailing Foundation, Inc. (TCYSF), and to use boats and equipment owned, leased or operated by TCYSF.

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Signed:_____Date: _____

Parent/Guardian

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PARENT/GUARDIAN CODE OF ETHICS

I will not interfere with a Coach's decision.

I will insure that the Student is courteous to all and follows the rules and regulations of the Treasure Coast Youth Sailing Foundation, Inc. (TCYSF).

I will treat everyone (Coaches, other parents, members and sailors, etc.) with respect. I understand that the Student may be removed from the sailing program if either I or the Student is interfering with the Coach's instructions or decisions, is unruly, creates a disciplinary problem or presents a clear danger to others in the program. In such circumstances, the student or Parent(s)/Guardian(s) may be suspended, or membership terminated, pursuant to Article IV, Section 1, Paragraph (b), and Section 4, of the Foundation bylaws.

Signed:_____Date: _____
Parent/Guardian

TREASURE COAST YOUTH SAILING FOUNDATION, INC., BYLAWS Article IV, Section 4 - Suspension or Termination

Membership may be terminated by resignation or action of the Board of Directors.

The Board of Directors, by a two-thirds vote of those present at any duly held and constituted meeting, shall have the authority to discipline, suspend or terminate the membership of any member of any class when the conduct of such person is considered detrimental to the best interests of the Treasure Coast Youth Sailing Foundation.

The Member involved shall be notified of such meeting, informed of the general nature of the charges and given an opportunity to appear at the meeting to answer such charges.

The Board of Directors shall, in the case of a Sailing Member (Student), give notice to the Parent(s)/Guardian(s) of the Student. The Parent(s)/Guardian(s) may appear with the Student in the capacity of an advisor before the Board of Directors or a duly appointed committee. The Board of Directors or the committee shall have full power to suspend or revoke such Student's right to future participation. If either the Parent(s)/Guardian(s) of the Student, or the Student, fail to appear after having been given notice, the Board of Directors, or the committee, may dispose of the matter at its sole discretion.

Signed: _____ Date: _____
Parent/Guardian

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AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

STUDENT:_____

I, the undersigned Parent/Guardian of the above-mentioned Student, a minor child, do hereby consent to any emergency X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered by a recognized state approved facility.

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 the aforesaid agent(s) to give specific consent to any or all such diagnosis, treatment, or hospital care which the aforesaid agent(s) in the exercise of his/her best judgment may deem advisable. Neither the aforesaid agent(s) nor any individual or organization involved assumes any financial responsibility for this action.

This authorization is given pursuant to the laws and statutes of the State of Florida and is to be considered effective in any state or location where the Student is participating in TCYSF sponsored or approved activity.

Doctor: _____ Phone: _____

Dentist:_____ Phone:_____

Signed:_____ Date: _____
Parent/Guardian

Completed waiver forms can be submitted to info@tcysf.org or mailed to TCYSF, P.O. Box 1783, Ft. Pierce, FL 34954.