



Castle Harbor Boating School

Emergency & Medical Form

This form must be completed and signed by you or your parents (if you are a minor) and turned in prior to the start of you course.

Name: _____ Sex: M F Age: _____

Street: _____ DOB: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____

Address: _____

Telephone 1: _____ Telephone 2: _____

Student Medical Information: Please check all that apply (use reverse side for details if necessary)

Chronic Ailments

- Asthma or other Respiratory Problems
- Diabetes or Hypoglycemia
- Hemophilia or Other Bleeding Problems
- Circulatory or Heart Problems
- Epilepsy

Allergies

- Medication (please list below)

- Bee Stings/ Insect Bites
- Foods
- Others, if significant

Date of Last Tetanus Shot: _____ Do you wear glasses/contacts? Yes No

Current Medications, if any: _____

Physician: _____ Phone: _____

Health Insurance: _____ Number: _____

I, the undersigned, as parent/ guardian, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under provisions of the State Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating 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 any of the above treatment will not be withheld if the undersigned cannot be reached.

Signature: _____ Date: _____

I hereby authorize my child to participate in the Castle Harbor Boating School. In consideration of the Castle Harbor Boating School, Inc. a Florida C Corporation, providing sailing instructions to my child, I hereby release, acquit, and discharge the Castle Harbor Boating School, Inc. its successors and assigns, its employees, agents, members, volunteers, officers and directors from all claims, demands, actions, causes of action, damages, injuries and cost of any nature or kind whether property, personal injury or bodily injury or any other type of injury or damage that may arise from my child's participation in the boating school as well as use of the facilities of the Club, and its equipment. This release is on my behalf as the parent or legal guardian and on behalf of my child and any person claiming through my child.

I understand the risks inherent in the sport of sailing and in water sports in general, and in any activity involving children. I attest that my participating child has had swimming instructions and is capable of treading water for five minutes, swimming 25 meters with good form and easy breathing (any stroke) and demonstrates the capacity to alternate floating and treading water for a reasonable period of time. I understand that these skills may help reduce the risks but cannot eliminate them.

I also attest that my participating child is free and unencumbered from any physical or mental impairment and is free of any contagious or infectious disease that might interfere with his or her health or safety during this program.

I give authorization to the CHBS for treatment in the event of any accident or injury if I cannot be reached. I have read and attest that the above is true and correct.

Parent/Guardian Signature: _____ Date: ____/____/2014

V. Emergency Contact:

Name: _____ Phone: (____) _____ - _____

Name: _____ Phone: (____) _____ - _____

Medical Information

Allergies/Medication: _____

Insurance: _____ Policy No. _____

Castle Harbor Boating School, Inc. Matheson Hammock Marina 9610 Old Cutler Rd.
Miami, FL 33156 (305) 665-4994



CASTLE HARBOR BOATING SCHOOL YOUTH CAMP

RULES AND GUIDELINES FOR STUDENTS

1. PFD's are to be worn and zipped up at all times which sailors are on either the water or the dock.
2. Appropriate footwear must be worn at all times to provide protection for feet and traction on the boats. Closed toe sneakers or boat shoes – no black soles, please.
3. Please – no running or horseplay on the dock or aboard the boats.
4. Please be prompt. Late arrivals or early departures may disrupt the class for others.
5. Be respectful of equipment. Put things backs where they belong and in the same condition as when they were found.
6. Be fair to others and treat them as you would like to be treated.
7. Disruptive behavior will not be tolerated and will be grounds for dismissal without refund.
8. Bring a small personal bag with your sun block, towel, dry shirt, hat swimsuit, lunch, etc.

NOTE TO STUDENTS AND PARENTS

It is our intention to give each participant an opportunity to learn to sail/ use a power boat, and to provide them with water safety information and a layperson's understanding of Biscayne Bay ecology. We are generally easy going but some discipline must be maintained for safety reasons. There will be time for appropriate recreational activities other than sailing and power boating. We will try to include one day of Big Boat sailing to give everyone a different type of boating experience. Castle Harbor is an American Sailing Association and US POWERBOATING certified school and our instructors are skilled boaters and sailors, all of whom are CPR and First Aid certified. We are enthusiastic and are looking forward to a productive summer camp and sharing our gift of sailing and powerboat with the younger members of the community. We hope that some of them can become a part of our regular year 'round sailing group.

Parent's signature: _____ Date: _____

Sailor's signature: _____ Date: _____



Gate Pass

Castle Harbor Boating School 2014 Youth Summer Camp

Name: _____

*Please display on dashboard upon entering the park for drop off and pickup.
Gate attendant will check Camper Name on List.*