**Litchfield Area High School Sailing Team (LAHSST)**

**Application Form**

**Year 20\_\_\_\_ Fall Spring**

**Student Information**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_ Class of:\_\_\_\_\_\_\_\_\_\_\_\_\_High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(if different)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sailing Experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Information**

**1) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: (h)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (h)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(w)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (w)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(c)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (c)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please send completed Application Form, Waiver of Liability & Authorization to Treatment of a Minor, Medical Information and Sailor Code of Conduct to:

LAHSST, PO Box 1021, Litchfield, CT 06759

**Litchfield Area High School Sailing Team**

**Bantam Lake Yacht Club**

**Waiver and Medical Authorization Agreement**

**Student Sailor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Please Print) (Please Print)

We, the undersigned parents or legal guardians (hereinafter referred to in the singular) of the Student Sailor (hereinafter referred to as SS) named above, request that the Student Sailor be allowed to participate in the Litchfield Area High School Sailing Team (hereinafter referred to as “LAHSST”) and/or the Bantam Lake Yacht Club Sailing Program (hereinafter referred to as “BLYC”).

This agreement shall remain in effect until LAHSST and/or BLYC receives written notice of the cancellation of the consent or until the end of the activities described above.

In return for the SS being permitted to take part in the activities and to use the facilities and the property of the BLYC and LAHSST, each of us makes the following promises:

1. I am familiar with the scope of LAHSST and BLYC. I also understand that I am solely responsible for the arrival and departure of my SS at the beginning and end of the scheduled activities. I will not allow my student to remain on the premises of BLYC after each day’s program without permission of BLYC and LAHSST. I agree that BLYC and LAHSST will have no responsibility for the supervision of my SS at times other than during the scheduled Program Activities. I will inform my SS that he/she is to cooperate with, and follow the directions of, the persons in charge of the Program activities and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.
2. My SS is in good health and I know of no reason why he/she would be incapable of participating in the program activities. My SS knows how to swim and can pass the required swim test. I will immediately notify the Coach if a change in my SS’s health or other condition would affect my SS’s ability to participate in the program activities.
3. **Waiver of Liability & Hold Harmless:** I hereby covenant and agree to waive, indemnify and hold harmless LAHSST and BLYC, their officers, directors, employees, volunteers and anyone assisting in or associated with LAHSST and BLYC from any and all liability for any claim, demand, suits or causes of action arising out of or connected in any way with the SS participation. I agree to reimburse LAHSST and BLYC, and all of their respective members, employees agents and all persons serving as members of the Race Committees or Juries or any other person acting in any capacity for the conduct of the sailing program for

**Waiver and Medical Authorization Agreement (cont’d)**

any loss or damage to property, and hold BLYC, LAHSST harmless from any claim, loss or injury caused by the negligence, or misconduct of, or failure to exercise reasonable care, by the SS.

1. **Assumption of Risk:** I acknowledge that participation in LAHSST and BLYC is voluntary and that such participation involves the risks of serious or mortal

injury associated with sports, water sports, boating and sailing in particular which, among other risks, involves changing wind, water and tide, and the potential for collisions, capsizing and being stuck by boat equipment. I ACKNOWLEDGE THAT I AM AWAREOF AND FULLY UNDERSTAND THESE RISKS AND VOLUNTARILY ACCEPT RESPONSIBILITY FOR ALL SUCH RISKS.

1. **Medical Authorization:** I here by authorize LAHSST, BLYC and anyone associated with the sailing program to administer first aid and to provide and secure emergency medical treatment, and I acknowledge that providing such treatment shall not be construed as an admission of guilt or liability and does not affect the foregoing waiver. I HAVE CAREFULLY READ THIS AGREEMENT AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THE AGREEMENT INCLUDES A WAIVER OF LIABILITY, AND ASSUMPTION OF RISK AND AN AGREEMENT TO INDEMNIFY.

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sailor Code of Conduct**

I promise to honor the spirit of Corinthian sailing, shall pledge honesty and integrity in general, encourage good sportsmanship, and shall not deviate from the truth, or break rules which govern our sport of sailing, nor tolerate such behavior in others. I will behave and dress at all times in a manner consistent with the high standards expected of my team and of myself.

I promise to support the entire Team, not just one, or several, sailors. I will not abuse other team members, competitors, members and personnel of the host club, race committee or jury, or other parents or adults whether verbally, physically or emotionally, nor tolerate such behavior in others. I understand that swearing, in any context, is unacceptable. I will treat all team members, the coach, all competitors, regatta officials, hosts, and all others with respect regardless of race, religion, gender, sexual orientation, national origin or abilities.

I agree that any issue I may have with other team members must be taken to the team Advisor or the Coach and NEVER to the other team member or parent.

I will respect the property of others, and neither steal, damage, destroy or borrow another’s property without permission, nor tolerate such behavior by team members.

I will not use, or tolerate the use by other team members, of alcohol, tobacco, or non-prescribed drugs, understanding that a drug-free environment is necessary in order to achieve individual and team success. Use of alcohol or drugs will result in immediate dismissal from the team.

I will follow all safety procedures given by my Coaches and other responsible adults, understanding the paramount importance of safety. I will notify a Coach or Advisor or other responsible adult if I feel that another sailor is in danger.

The following rules of general safety, shall be followed at all times, whenever or wherever I am sailing:

1. A PFD approved by an international safety organization (such as the US Coast Guard or the European Community) must be worn properly secured at all times when on the docks, near the water or on the boats. During competition, NESSA and ISSA regulations mandate that this PFD be a Coast Guard Approved Type 3 personal flotation device.
2. Students must wear appropriate clothing suited to the prevailing weather conditions. Suitable footwear must be worn at all times (see Attire:).
3. No glass containers are allowed on the grounds or the boats. All containers in boats must be stored or tied to the boat.
4. No Unauthorized swimming is permitted.
5. Piers, ramps, hoists and other equipment are to be used only for their specified purposes.
6. Students will return boats and equipment to proper storage areas as soon as possible upon completion of the day’s activities. All personal gear and items will be properly secured and the dock and launch areas will be kept clean, neat and free of obstructions.

Student Agreement:

I understand that in joining the team, I agree to obey all rules as set forth by the staff, that I will use the utmost care in the use of the boats and equipment, and that I will not engage in any disruptive behavior. I understand that failure to attend regularly, arrive promptly, and abide by the rules of this Code of Conduct will result in my suspension or expulsion from the program.

Student Name (printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Agreement:

I/We understand the contents of this statement and agree to see to it that our child adheres to program rules. I/We agree to assume the obligation for the expenses of repair and/or replacement of BLYC, LAHSST equipment that is attributable to my child’s reckless or irresponsible behavior. I/We agree to meet for a Coach-Parent conference, if requested. I/We understand that if our child is suspended or expelled from the program, there will be no monetary refund.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Sailor Medical Information**

**Student Sailor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician Contact #s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance: Name of Insured:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Group #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are there any medications that the student sailor takes which we need to hold in the clubhouse or have the Coaches know he/she is taking?**

**Are there any chronic illness, medical conditions, allergies?**

**Anything you would like us to know to have your student sailor have his/her best experience?**

**Medical Authorization**

**I hereby authorize the Coach or an adult bearing this document, to authorize emergency treatment for the Student Sailor named above in the event that a parent or legal guardian cannot be reached at the known telephone numbers at the time of the emergency.**

**Signature of Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_**