



CRIMSON SAILING ACADEMY LLC

Please submit: 1. Registration; 2. Health Information and Care Authorization; 3. Physician's Medical Examination Forms; 4. Swim Test Card; 5. Payment: We accept checks and credit cards. If paying by credit card, please email us the session(s) of interest and we will send you a link for payment.

Cancellation policy: Registration cancelled by **June 1** will receive a partial refund. Registrations cancelled after June 1 will not receive a refund.

FOR OFFICE USE ONLY
DATE RECEIVED

STUDENT INFORMATION

NAME (LAST) _____ (FIRST) _____

DATE OF BIRTH (MUST BE 11 YEARS OLD BY AUGUST 31st) _____

ADDRESS (STREET / APT) _____

(CITY) _____ (STATE / ZIP CODE) _____

PHONE (HOME) _____ (CELL) _____

SHIRT SIZE Adult S Adult M Adult L Adult XL

PARENT INFORMATION

PARENT / GUARDIAN (LAST) _____ (FIRST) _____ Mr./ Mrs./ Dr. _____

PHONE (HOME) _____ (CELL) _____ (WORK) _____

EMAIL (REQUIRED to confirm registration) _____

SESSIONS

<input type="checkbox"/> SESSION I	JULY 5 - 7 & 10 - 14	\$1040	<i>\$1000 if registered by March 1</i>
<input type="checkbox"/> SESSION II	JULY 17 - 21 & 24 - 28	\$1300	<i>\$1250 if registered by March 1</i>
<input type="checkbox"/> SESSION III	JULY 31 - AUG 4 & AUG 7 - 11	\$1300	<i>\$1250 if registered by March 1</i>

To **reserve a spot, full payment** must be made. If paying by **credit card**, please **email** us the session(s) of interest and we will send you a link for payment. If paying by **check**, mail a check payable to **Crimson Sailing Academy** with the registration.

PRIOR SAILING EXPERIENCE (If any - experience not required.)

TRANSPORTATION PERMISSION

If your child will ride home with someone other than a legal guardian, then please fill in the following information. I hereby give my child (name) _____ permission to leave the *Crimson Sailing Academy*: by T, by bike, on foot, or with the following people:

PARENT SIGNATURE _____ DATE _____

HARVARD RECREATIONAL BOATING SWIM TEST

For the safety of your child and other campers, Harvard regulations require that your child pass the **Harvard Recreational Boating Swim Test**. The test involves swimming 100 yards consecutively with no assistance and treading water for two minutes. If you have doubts about your child's ability to pass the swim test, please have them take the test as early as possible. **Please note that refunds will not be given after June 1st even if your child is unable to pass the swim test.**

PHOTO RELEASE NOTICE

Photo and/or video images of participants may be taken and used in promotional materials. All rights to these images are assigned to *Crimson Sailing Academy* and its designates.

PARENTAL AGREEMENT

I hereby agree to the following:

BEHAVIOR AND CONDUCT

I understand that I am responsible for my child’s behavior and conduct while at the Harvard Sailing Center. I agree to assume the obligation of expense or repair and/or replacement of program equipment that is attributed to my child’s reckless or irresponsible behavior and the expense of medical care if my child is injured.

CRIMSON SAILING ACADEMY

I recognize that an element of risk is involved in all water sports, including sailing. Therefore to induce the **Crimson Sailing Academy** to accept my child, I covenant and agree to hold harmless and indemnify **Crimson Sailing Academy**, its officers, directors, employees and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to my child or damage to any property arising out of or related in any way connected with the operation of the **Crimson Sailing Academy** or any activities on or the use of any facilities or equipment used during **Crimson Sailing Academy**.

HARVARD UNIVERSITY

I hereby give permission for my child to participate in all activities of **Crimson Sailing Academy LLC** run by **Bern Noack** and held at the **Harvard Sailing Center** on Harvard University’s campus (the “Program”). I understand that the Program is not run by Harvard University. I agree that to participate in the Program, my child and I will be required to observe standards of conduct. I will instruct my child to comply with the Program’s standards of conduct, both those that are provided in writing at the commencement of the Program and those that may be issued, orally or in writing, from time to time at the discretion of the instructor. I agree that the Program has the right to enforce its standards of behavior and may terminate my child’s participation in the Program for any conduct, which the Program considers to be incompatible with the interests, comfort and welfare of the instructor or the other children participating in the Program.

I acknowledge that my child’s participation in the Program may involve risk of personal injury. I hereby certify that I understand the nature and extent of the risks inherent in the Program, and the use of facilities, equipment or services in association with the Program.

On behalf of my child, and myself I hereby assume all risks related to participation in the Program, including but not limited to accident, death, injury or illness, including personal or bodily or mental injury of any nature. I further hereby, on behalf of myself, my child and anyone claiming through myself or my child, do FOREVER RELEASE President and Fellows of Harvard College (“Harvard”), its trustees, officers, employees, volunteers, students, agents and assigns from any cause of action, claims, or demands of any nature whatsoever, including but not limited to a claim of negligence which I, my child, or anyone claiming through myself or my child, may now or in the future have against Harvard on account of personal injury, bodily injury, property damage, death or accident of any kind, arising out of or in any way related to my child’s participation in the Program howsoever the injury is caused.

I understand that this Program is not a medical or health care program. I have no expectation of any medical or health benefit to my child from participation in the Program.

I certify that my child is medically able to participate in the Program and is free from any communicable, infectious or contagious diseases.

IN CASE OF EMERGENCY such as accident or injury, I give permission to the Program to provide assistance to procure emergency medical care in the event that person(s) or I I designate on the reverse of this form cannot be reached.

PLEASE SIGN TO AFFIRM ALL TERMS AND AGREEMENTS

CHILD’S NAME _____

PARENT SIGNATURE _____

DATE _____

*The **Crimson Sailing Academy** rents Harvard University facilities, but is neither sponsored nor controlled by Harvard University. The **Crimson Sailing Academy** must comply with regulations of the Massachusetts Department of Public Health (105 CMR 430.000) and be licensed by the Cambridge Board of Health. Information on 105 CMR 430.000 can be obtained by contacting the City of Cambridge Board of Health.*

Mail completed forms to:
CRIMSON SAILING ACADEMY
P.O. Box 335
Belmont, MA 02478
info@CrimsonSailingAcademy.com
TEL: 85-SAILING-1 (857) 245-4641



Health Information and Care Authorization

CRIMSON SAILING ACADEMY LLC

Please complete all information. Missing information may delay your registration. You should consider your registration complete after your payment is processed at CSA.

STUDENT INFORMATION

NAME (LAST)	(FIRST)
DATE OF BIRTH (MUST BE 11 YEARS OLD BY AUGUST 31 ST)	

PARENT INFORMATION

1. PARENT / GUARDIAN (LAST)	(FIRST)	Mr./ Mrs./ Dr.
ADDRESS (STREET / APT)		
(CITY)	(STATE / ZIP CODE)	
PHONE (HOME)	(CELL)	(WORK)
EMAIL		
2. PARENT / GUARDIAN (LAST)	(FIRST)	Mr./ Mrs./ Dr.
ADDRESS (STREET / APT)		
(CITY)	(STATE / ZIP CODE)	
PHONE (HOME)	(CELL)	(WORK)
EMAIL		

In case of emergency, CSA should call: HOME PARENT / GUARDIAN 1 PARENT / GUARDIAN 2

ALTERNATE EMERGENCY CONTACT

CONTACT (LAST)	(FIRST)	Mr./ Mrs./ Dr.
PHONE (HOME)	(CELL)	(WORK)
EMAIL		

MEDICAL INFORMATION

PRIMARY CARE PHYSICIAN	
PHYSICIAN'S PHONE	
PARTICIPANT'S:	
ALLERGIES	MEDICATIONS
RESTRICTIONS	OTHER HEALTH ISSUES

INSURANCE INFORMATION

MY CHILD IS COVERED BY FAMILY MEDICAL/HOSPITAL INSURANCE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF INSURANCE COMPANY		
INSURANCE HOLDER'S NAME AND RELATION TO PARTICIPANT		
POLICY #	GROUP ID #	

My child is physically able to participate fully and safely in the Crimson Sailing Academy (CSA) and has no medical condition, which would limit his/her participation. I will be fully responsible for all medical expenses incurred by my child while attending CSA. I grant CSA staff the authority to take appropriate actions for my child's health and safety, and to obtain medical assistance if necessary. I realize that there are unavoidable risks involved in sailing. I understand that neither CSA coaches, nor Harvard University can accept responsibility for injuries, accidents or mishaps involving my son/daughter during his/her week at CSA. I have provided accurate information here-in, and have read and freely signed this agreement, which shall take effect as a sealed instrument.

PARENT SIGNATURE _____ DATE: _____

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Your registration will not be processed unless full payment is received.
 Mail completed forms to:
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 P.O. Box 335
 Belmont, MA 02478



Record of Physician's Medical Examination

CRIMSON SAILING ACADEMY LLC

Please complete all information or send in a copy of your child's most recent physical, dated within less than one year. Missing information may delay your registration. You should consider your registration complete after your payment is processed at CSA.

STUDENT INFORMATION		
NAME (LAST)	(FIRST)	
DATE OF BIRTH (MUST BE 11 YEARS OLD BY AUGUST 31 ST)		
ADDRESS (STREET / APT)		
CITY	STATE	ZIP CODE

IMMUNIZATIONS	PRIMARY SERIES				BOOSTERS			REACTIONS
	1 ST	2 ND	3 RD	4 th				
DTaP								
Polio								
Hep B								
Varicella								
MMR								
Influenza								

(NAME) _____ was examined by me on (DATE) _____

In accordance with standards of the American Academy of Pediatrics. Examination revealed the following:

HEIGHT: _____ WEIGHT: _____ BP: _____ VISUAL ACCUITY: _____

ILLNESS / CONDITIONS: _____

MEDICATIONS: _____

ALLERGIES: _____

DEVIATION FROM NORMAL: _____

There are no apparent contraindications to full participation in routine or competitive school or camp activities except as noted in the following comments:

PHYSICIAN'S SIGNATURE _____, M.D. DATE _____

PRINTED NAME _____

OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

By their signature, the participant's parents declare that he/she has experienced no significant medical problems since the date of the most recent physical exam:

PARENT'S SIGNATURE _____ DATE _____

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