

COLLEGE OF CHARLESTON

Advanced Racing Clinics



Parents Statement

Intro to team racing Clinic

June 25-26/ 2011

Intermediate team race Clinic

July 23-24/ 2011

Short course racing fundamentals

August 27-28/ 2011

I certify that my below named child is medically qualified to attend a sailing clinic hosted by College of Charleston Sailing. I hereby authorize the sailing staff to act for me according to their best judgment in securing treatment for my child in any emergency requiring medical attention. I hereby give permission for a physician and/or hospital emergency room to administer necessary care, and guarantee that I, or my medical insurance, will be responsible for any charges. I waive and release College of Charleston Sailing and all its employees and staff from all liability for any injuries and illness incurred while at the clinic. I also hereby grant permission for any photographs, film or videotape of my child taken during the clinic to be used for publicity purposes and for training other in the future.

Name of Clinic Participant

Parent Signature

Date

Print Parent Name

Father Business Phone

Mother Business Phone

Father Email Address

Mother Email Address

Please return this form to: College of Charleston Sailing
66 George Street
Charleston, SC 29424
fax 843-953-6733