



2018 BOOM Participant Registration Form

Name of Participant:			
Name of Parent or Guardian (youth):			
Address:		City:	Postal:
Phone: ()		Alt. Phone: ()	
Email:			
Date of Birth:	Age:	Male: ____	Female: ____
Emergency Contact:		Relation:	Phone: ()
Emergency Contact:		Relation:	Phone: ()
Family Doctor:		Phone: ()	
Health Card Number:			
Are there any medical, learning or behavioural conditions of which we should be aware (including insect, food and medical allergies)? Yes _____ No _____			
If yes, please explain:			
Please list who will be dropping off/picking up the participant (youth): [First & Last Names]			
1.		2.	
3.		4.	

Course Location: GBYC Grand Bend		Dates of Course: July 9th - July 13th 2018
Youth Program:	Adult Program:	Previous Sailing Level Achieved:

Waiver

I understand that it is a condition of my participating in this program that I do so at my own risk. Therefore in consideration of my acceptance of entry into this program, I agree to save harmless and keep indemnified Ontario Sailing, the host club or organization, the Canadian Yachting Association, the organizers and their respective agents, officials, servants and representatives from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in this program, notwithstanding that the same may have been contributed to or caused or occasioned by the negligence of the same bodies, or any of them, or their agents officials, servants or representatives. I further understand and agree that this release is binding upon myself, my heirs, executors and assigns. I understand that photographs and/or videos taken of program participants, staff may be used for promotional purposes and I hereby consent to such by Ontario Sailing. I have read and understand Ontario Sailing's **Privacy Policy**.
(www.ontariosailing.ca)

Participants Signature _____ Date _____
(Parent or Guardian if participant is under 18 years of age)

Please send the completed form and payment to the Host Representative and not to Ontario Sailing

For more information on the BOOM Program please feel free contact Ontario Sailing @ 1-888-672-7245 ext 226 or ucansail@ontariosailing.ca