

# 2020 BOOM Participant Registration Form



Course Location:

Course Dates:

Program Type:     Adult                    Youth

First Name:

Last Name:

Date of Birth: (MM/DD/YYYY)

Gender:                Male                Female

Address:

Postal Code:

City:

Province:

Phone:

Email:

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First Emergency Contact - Name, Relation and Contact instructions (phone Number/s)

Second Emergency Contact - Name, Relation and Contact Instructions (Phone Number/s)

Is there any medical information the instructors should know?

Is there any other information the instructors should know?

Please list who will be dropping off /picking up the participant: [First and Last Names, Relation to Sailor and Contact info]

## Waivers

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, Sail Canada, 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 connection with or taking part in this program, not withstanding 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 may be used for promotional purposes and I hereby consent to such by Ontario Sailing and the host club or organization. I have read and understand Ontario Sailing's Privacy Policy. [Located here](#)

## Concussion Policy

I (and my parent/legal guardian if I am under 18) confirm that I have reviewed the provided Concussion Resources and I acknowledge and commit to the Ontario Sailing Concussion Code of Conduct. [Located Here](#)

I have read the  
policy and agree

Participant Signature  
[Parent or Guardian if  
participant  
is under 18 years of age]

Date:

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

For more information on the BOOM Program please contact Ontario Sailing at 1-888-672-7245 ext. 226 or [Projectmanger@ontariosailing.ca](mailto:Projectmanger@ontariosailing.ca)