

# Registration and Personal Safety Information

Name: \_\_\_\_\_ Male / Female \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Primary ( \_\_\_\_\_ ) \_\_\_\_\_ Secondary: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
yyyy / mm / dd

Are there any medical problems / conditions we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Swimming Ability:** (Circle)    STRONG    AVERAGE    WEAK    NON-SWIMMER

Do you have any allergies to the following: (Check if Applicable)

a) Insect Stings \_\_\_\_\_ (explain) \_\_\_\_\_

b) Food / Drink \_\_\_\_\_ (explain) \_\_\_\_\_

c) Medications \_\_\_\_\_ (explain) \_\_\_\_\_

Are you prone to motion sickness? (Circle)    YES    NO

## **EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: Home: ( \_\_\_\_\_ ) \_\_\_\_\_ Work/Cell; \_\_\_\_\_

The above information is confidential and will be released only to 1D Sailing Academy Administrators for the purposes of completing your registration in the LTS program and to the instructors and/or medical professionals as necessary to ensure your safety/care.

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## W A I V E R

I, recognize that boating can be a dangerous activity and assume all risk of injury, loss or damage to my person and / or property and relinquish any right to a claim arising while upon the property or vessels owned, leased and / or under the care and control of National One Design Sailing Academy Incorporated, those entities for which it is providing its services, its affiliates, directors, officers, managers, agents servants and subcontractors to and including the \_\_\_\_\_ (print name of affiliate club).

I understand that during these boating activities, photographs and videos may be taken during which my image may be captured or recorded and that during the normal use of 1DSailing's social media and other corporate communications, my image may be published on-line and / or in other medias as a result of my participation. In participating in the 1DSailing activity, I acknowledge that 1DSailing is not required to seek my consent to such image being published by it and that I may request that the use of my name, image photograph or likeness be removed from the specific publications I report.

I hereby acknowledge that from time to time, I will receive communications (including electronic) from National One Design Sailing Academy Incorporated which could include special promotions, newsletters, announcements and other news and that I may opt out of such communications at any time by notice to 1DSailing;

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Witness: \_\_\_\_\_ Dated: \_\_\_\_\_