

Dick Allsopp Sailing Camp Registration Form

The Rudder Club of Jacksonville
8533 Malaga Avenue Jacksonville, FL 32244
office@rudderclub.com
(904)264-4094

REGISTRATION MUST BE FULLY COMPLETED TO BE PROCESSED

Please Select a Week: Week 1 (June 15-19) Week 2 (June 22-26) Week 3 (July 6-10)
Week 4 (July 13-17) Week 5 (July 20-24)

Student's Name: _____ Age: _____ Date of Birth: _____

Parent or Guardian Information

Main Contact- Name: _____

Cellphone: _____ Work Phone: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Secondary Contact- Name: _____

Cellphone: _____ Work Phone: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

CODE OF CONDUCT

The safety of each individual in the program is of the utmost importance to Dick Allsopp Sailing Camp. Each student must recognize a personal responsibility to learn and follow at all times the safety and other rules established by Dick Allsopp Sailing Camp staff. Any student demonstrating behavior deemed inappropriate, such as but not limited to, lewd behavior, foul language, or excessively rough behavior will be dismissed immediately. I hereby agree that any behavior of the student that places him/herself or others at risk may result in the student's immediate dismissal from the program. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the student before the end of a program session.

I have read and understand the Code of Conduct.

Signature: _____

PHOTO AND VIDEO CONSENT AND RELEASE

PURPOSES: For marketing, advertising, promotional and/or communication purposes, Dick Allsopp Sailing Camp and the Rudder Club of Jacksonville may, from time to time, take photographs and/or video recordings of Dick Allsopp Sailing Camp based activities or events that include real people, which may be used by Dick Allsopp Sailing Camp and the Rudder Club of Jacksonville for its own informational, promotional or advertising purposes.

_____ Please initial

HEALTH HISTORY AND PERSONAL INFORMATION

Is your child under any form of treatment for an illness, condition or injury? ☐ Yes ☐ No

If yes, please explain and detail routines, medications, adaptations etc. _____

Does your child have any medical or behavioral conditions that we should be aware of? ☐ Yes ☐ No

If yes please take a moment to explain: _____

Carries Epi-pen: ☐ Yes ☐ No

For: _____

Wears Medic-Alert Bracelet: ☐ Yes ☐ No

For: _____

Allergies

Seasonal ☐ Yes ☐ No _____ Insect ☐ Yes ☐ No _____

Drugs ☐ Yes ☐ No _____ Other ☐ Yes ☐ No _____

Food ☐ Yes ☐ No _____

ALTERNATE/EMERGENCY PICK UP

Please list at least three people over the age of 16 who are authorized to pick up your child and can be contacted by Dick Allsopp Sailing Camp staff when the parent/guardian can't be reached.

Name: _____ **Relationship:** _____

Cell phone: _____

Name: _____ **Relationship:** _____

Cell phone: _____

Name: _____ **Relationship:** _____

Cell phone: _____

MEDICAL EMERGENCIES

In the event of an accident, injury or illness involving the registrant, and immediate contact by Dick Allsopp Sailing Camp with a designated contact cannot be made, I hereby authorize and grant permission to Dick Allsopp Sailing Camp staff to secure proper medical treatment and authorize on the student's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, as deemed necessary by the attending medical professional(s). I agree not to hold Dick Allsopp Sailing Camp responsible for any costs or injury arising out of an emergency situation. ____ Please initial

CONFIRMATION, PAYMENT, CANCELLATIONS AND REFUNDS

Requests for cancellations or refunds must be made in writing and submitted to Shannon Brew at rcsailingdirector@gmail.com. Cancellation requests received at least 14 days before the start of camp will receive a full refund. Cancellation requests received with less than 14 days notice will receive a refund minus the \$75 reservation fee. Cancellation requests that are received after 12 p.m. on the Friday before the program session starts will not qualify for a refund. A doctor's note is required for cancellations due to medical reasons.

By signing my name, I acknowledge that we have carefully read, agree, and understand the entirety of the registration form.

Name of parent or guardian (Please Print): _____

Parent or guardian signature: _____ Date: _____

Thank you for choosing Dick Allsopp Sailing Camp!