

CRYSA Camp Registration

Please, complete the following form with signatures then mail to Cave Run Youth Sailing Academy, ATTN: Charles Emrich, 7683 Old Richmond Road, Lexington, KY 40515. Payment must accompany registration. For questions, call Chuck at 859-270-2199.

Student Name		
Date of Birth	Age	Male / Female
Parent/Guardian Names		
Parent/Guardian Phone		
Parent/Guardian Email		
Address		
Allergies, medications, special needs, etc.:		

Permission to Participate and Release of Liability Agreement

In consideration of accepting my child's or my entry, I hereby, for myself and my child, waive and release any and all rights and claims for damages my child or I may have against Cave Run Sailing Association, Inc. and Cave Run Youth Sailing Academy ,Ltd, its principals, directors, officers, agents, employees, volunteers, contributors, donors, their insurers, and each and every land owner, lessee, municipal and/or government agency whose property or equipment is used to conduct any activity for the Cave Run Sailing Association Inc. and Cave Run Youth Sailing Academy, Ltd ., and their insurers, if any, for any and all injuries suffered (including death) by myself or my child at any activity sponsored by these groups.

I acknowledge and understand that the sailing activity that I or my child are about to participate in or let my child participate in is an exciting and demanding challenge and it will expose us to above normal risks of injury and harm. I agree to assume responsibility for all the risks of the activity for myself and my child.

I grant permission for medical treatment to be administered to my child or myself in the event of an emergency and I assume responsibility for the expense incurred for medical attention throughout the duration of the program.

I allow the use of my child's or my image in any future promotional materials produced by Cave Run Youth Sailing Academy for its own behalf.

Parent/Guardian Signature____

Date ____

Relationship to student