



**Treasure Island Sailing Center  
2018 Youth Medical & Liability Release  
(Form A)**

**Participant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender:  M  F

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Where did you hear about TISC? \_\_\_\_\_

Check ONLY if you do NOT want yourself or child photographed     Check ONLY if you do NOT want to be on TISC email list

Swimming Ability:  Non-swimmer  Novice  Intermediate  Advanced

**Parent/Guardian Contact Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

1. Number of people in household: \_\_\_\_\_

2. Has your child sailed before?  Yes  No

3. Child's Native Language? \_\_\_\_\_

4. Child's English Fluency:  
 Fluent  Somewhat Fluent  Not Fluent

*The federal government requires that an organization maintain records on the race, sex, and ethnic group of its applicants. The information is for record keeping purposes and to support our funding and grant requirements. This information is optional.*

**Ethnicity:**  African American  Asian or Pacific Islander  Caucasian  Hispanic  Native American  Other: \_\_\_\_\_

**Household Income:**  Under \$25,000  \$25,000-\$40,000  \$41,000-\$70,000  \$71,000-\$85,000  Over \$85,000

**Parent's Highest Education Level:**  Some High School  High School Graduate  Some College  College Graduate or Above

**In case of an emergency, please notify:**

**Primary Contact's**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Medical/Emergency Information:**

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_ List any allergies and/or all current medications: \_\_\_\_\_

Please list any physical, or behavioral needs you feel the instructors need to be aware of:  
\_\_\_\_\_

**Medical Treatment and Liability Release:**

Should the participant be in need of medical treatment, my signature below confirms my permission for this to be done in the event that I cannot be reached promptly.

For and in consideration of the acceptance by the Treasure Island Sailing Center Youth Sailing Program of the above child's participation in this Sailing Program, I hereby accept all of the risks and responsibilities of participating in said program and waive any and all claims I may have against the TISC Youth Sailing Program, the Treasure Island Sailing Center (TISC), and the Treasure Island Sailing Center Foundation, its members, officers, directors, committees, agents, sanctioned volunteers and/or employees arising out of or in any way connected with such participation. The above named participant agrees to abide by the rules of the Sailing Program and the rules of TISC.

**Printed Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_