

SHORELINE AQUATIC CENTER
Summer Youth Sailing/Windsurfing Programs
& Camp Shoreline

Please Note: Must fill out and return on the first day of Summer Camp! Thank you!

Circle Camp Enrolled and indicate start date:

Windsurfing/Sailing I: Class #-Date _____ Windsurfing/Sailing II: Class #-Date _____

Camp Shoreline: Class #-Date _____ Other: Class #-Date _____

**LIABILITY RELEASE, INSURANCE CONFIRMATION &
AUTHORIZATION TO TREATMENT OF A MINOR**

As parent or legal guardian of _____ (Print Camper's Full Legal Name), I the undersigned give my permission and do hereby assume full responsibility for my child's participation in the Summer Youth Program operated by Shoreline Aquatic Center/Silicon Shores Corp. and hereby waive, release, absolve, indemnify and agree to hold harmless Shoreline Aquatic Center/Silicon Shores Corp. and the City of Mountain View, its staff, officers and representatives and employees for any and all liabilities, including medical, which may arise or be incidental therefrom. I further waive any claim arising out of injury to said participant.

Completion of this section enables parents to authorize emergency treatment for their child.

I authorize staff of the Shoreline Aquatic Center/Silicon Shores Corporation to arrange transportation in case of accident or acute illness and to arrange for possible emergency medical and/or surgical care at El Camino Hospital or at:

_____. It is understood that an effort will be made to notify ME (same person as signature below) OR the following person:

Name: _____ Phone: (_____) _____

If above such action is taken, and it is impossible to locate me or the above named, the uninsured responsibility and expense of this service will be accepted by me.

Signature of Parent or Legal Guardian: _____ Date: _____

In the event of accident or injury, my child is properly and amply insured by the policy listed below:

Medical Insurance Carrier/Co. _____

Policy # _____

PHONE NUMBERS

Home _____ Emergency _____

Father's Work (_____) _____ Mother's Work (_____) _____

Father's Cel. (_____) _____ Mother's Cel. (_____) _____

Email: _____

CAMPER INFO

Please print clearly.

_____ Update file

Camper's Name: _____ Birthdate: (Month/Date/Yr) _____ Current Grade in School: _____

Address: _____

City: _____ State: _____ Zip: _____

How did you hear about us? _____ Friends _____ Taken Class Before _____ Internet _____ Shoreline Newspaper
_____ Rec.Dept. _____ Newspaper Mailing _____ Referral _____ Other: _____

Regarding Camper:

Can you swim? YES NO
Can you dive under water? YES NO
Have you ever windsurfed before? YES NO
Have you ever sailed before? YES NO

MEDICAL INFORMATION

Participant has a history of:

Diabetes Back Problems Motion Sickness
 Dizziness / Fainting Heart Problems / Chest Pains Recent Operation or Illness
 Epilepsy Respiratory Problem Hearing Problems
 Problems or handicaps if not listed above _____

Is your child allergic to any medications? YES NO If yes, please list: _____

If you are currently taking any kind of medication, please list: _____

List any special needs or important information about your child's medical history/behavior:

NOTE TO PARTICIPANT:

Participation in windsurfing, small boat sailing, kayaking, and canoeing as with any other watersport, exposes the participant to certain risks and dangers. Accidents and injuries (superficial to fatal) resulting from the forces of nature, other boaters (both power and sail), malfunctioning equipment, unseen obstacles, fatigue, and your own misjudgment are a very real possibility.

Shoreline Aquatic Center (Silicon Shores Corporation) considers safety to be its utmost concern and as such, its staff includes individuals trained in C.P.R. and First Aid. The nature of this sport, however, makes it impossible to foresee and protect the participant from all conceivable dangers associated with water and water sports. Once the participant leaves the safety of the shore and enters the water, s/he must be prepared to assume all risks associated therewith.

AFFIRMATION AND LIABILITY RELEASE

THE UNDERSIGNED CERTIFY THAT THEY HAVE READ THE FOREGOING PRIOR TO SIGNING THEREOF AND AGREE AS FOLLOWS:

1. I hereby affirm that I have been well advised and thoroughly informed of the inherent dangers of watersports.
2. I hereby agree to indemnify and hold harmless Shoreline Aquatic Center, Silicon Shores Corporation, the City of Mountain View, its officials and agents, including but not limited to its instructors and staff from any occurrence in connection with this lesson and my use of their facilities during lessons or otherwise. In consideration of being allowed to participate in this program, I hereby personally assume all risks connected therewith and release my instructor, Shoreline Aquatic Center, Lakeside Café, Silicon Shores Corporation, the City of Mountain View, its officials and agents, and staff from any and all liability or harm, injury, death or damages (physical or monetary), regardless of fault or negligence, which may befall me while participating in this program or while using Shoreline facilities. This release shall be binding upon my family, heirs and administrators.
3. The undersigned hereby certifies that s/he is a proficient swimmer and agrees to be tested for swimming proficiency if requested. Undersigned agrees to wear a PFD (life vest) if requested to do so by the staff or instructors.
4. I hereby agree to heed at all times the advice and instructions of Shoreline Aquatic Center staff and to practice common sense water safety procedures.
5. Participants of said recreational activity or likeness thereof may be captured on film, print or other media and used for promotional purposes including newsletters, press media, flyers, and brochures. Authorization is hereby given to the Shoreline Aquatic Center/Silicon Shores Corp. to use photographs taken of me or my children in classes or camps offered by the Shoreline Aquatic Center. I hereby understand and waive any and all claims in relation to this matter and am not entitled to compensation nor benefits.

Signature of Participant or Parent / Guardian (if under 18) Date: ____/____/____
Month / Day / Year

Shoreline Aquatic Center
3160 North Shoreline Boulevard, Mountain View, CA 94043
Phone: (650) 965-7474 Fax: (650) 965-7180
Email: boathouse@shorelinelake.com Website: www.shorelinelake.com