

CAMPER APPLICATION & PERMISSION
CSA Junior Sailing Camp
13 – 19 June 2010

Camper's Name _____ Age _____

Home Address _____

_____ e mail _____

Parent's (Legal Guardian) Name _____

Phone _____ Previous times at camp _____ years

Call in case of emergency (if different) Name _____

Phone (1st) _____ (2nd) _____

CSA member for camp eligibility: Name _____

Is a (check one): Corporate (SSR) member _____, Friend member _____

Circle one: Camper will be sailing a LASER or OPTIMIST (NO other boat types are acceptable)

Sail No. or other distinguishing features _____

Estimated sailing experience: beginner (), intermediate (), advanced ()

Tee shirt size (adult): small (), medium (), large (), extra large ()

Parents, interested in helping out at camp? If so, indicate all applicable:

- Help with Firecracker Regatta on 19 June _____
- Spend night(s) at camp ground (which day(s)) _____
- Coordinate evening's entertainment _____
- Have a tent that camp can borrow _____
- Can help set up _____, take down _____ tents

Return mail application with check for fee to David Crosby, 40 Shadowridge Drive, St. Peters, MO 63376. Fee for Corporate (SSR) child or grandchild, \$145.00; Associate member child and all other, \$195.00. Please make checks payable to:
Carlyle Sailing Association

Medical Information and Release form must be completely filled out and submitted with the camper's application.

Medical Information and Release

Sailor's Name _____ Age _____ Parents Name _____

Emergency Phone 1) _____ 2) _____

Medical Information Physician Name _____ Phone _____

Insurance _____ Policy No. _____ Insured _____

Blood type (if known) _____ Last tetanus booster (date) _____

Y / N (circle) My child may exhibit chronic health problems (i.e. allergies, nosebleed, seizures, etc)?

Explain _____

Y / N (circle) Has a physician placed any restriction on child's physical activity?

If yes, explain _____

Medication Any prescription drugs required by your camper **MUST** be given to the camp nurse or designated staff member upon arrival at camp. All medication must be accompanied with WRITTEN parent or guardian authorization for the camp staff to administer said medication along with the specific dosage requirements. Please ensure that your written instructions agree with those on the medication label. Any unused medication will be returned at the end of camp.

These rules will be strictly enforced, and no other drugs or medications will be permitted to be ingested by campers.

Y / N (circle) My child will be taking medication. Type _____

Dosage/schedule _____

PARENTAL CONSENT

In consideration of my child being allowed to participate in CSA Junior Sailing Camp, I hereby agree that he/she will abide by all CSA, Sail Camp, and US Sailing rules that are conveyed in writing or verbally by camp staff members. I release CSA, it's officers, employees, and members of the camp staff from all liability by reason of injury or property damage, whether to the person named above or the boat they have brought to camp. I agree to pay for all damage to boats or other CSA equipment caused by my child. In case of an emergency I authorize a member of the camp staff to provide first aid and transport my child to a medical facility, and I authorize a licensed paramedic, physician, or hospital to render any and all emergency care that they deem necessary to my child.

Parent / Guardian signature _____ Relationship _____

Date _____