

# BALTIMORE COUNTY SAILING CENTER

P.O. Box 34134, Essex, MD 21221, telephone 410-391-0196 website: www.bcsailing.org  
Back River Neck Recreation Council, a 501 [c] 3 tax-deductible organization (52-1071198)  
Baltimore County Dept of Recreation & Parks

## 2009 PARTICIPANT REGISTRATION FORM (please print clearly)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
LAST FIRST M.I. DAY EVENING

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

The BCSC will not share your email address with any other group, but may from time to time send notices of our events and happenings.

NAME OF PROGRAM: \_\_\_\_\_ SESSION: # \_\_\_\_\_ DATE(S) \_\_\_\_\_

### IF THE PARTICIPANT IS UNDER AGE 18, A PARENT MUST COMPLETE THIS AND THE NEXT SECTION:

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ NAME OF STUDENTS SCHOOL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ DAY PHONE # \_\_\_\_\_  
FIRST LAST

FATHER'S NAME: \_\_\_\_\_ DAY PHONE # \_\_\_\_\_  
FIRST LAST

ALT. EMERG. CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

BUS STOP DESIRED: \_\_\_\_\_ OR NONE (\_\_\_\_)

SEE WEBSITE FOR BUS STOP INFORMATION - BUS SERVICE ONLY AVAILABLE FOR TWO-WEEK CAMP SESSIONS

*I agree to pick up my child(ren) at the time set for the end of the program/activity. If bus service is used, it is the parents' responsibility to deliver and pick up their children at the appointed time and place. In case of an emergency, I hereby give my permission for a program representative to call 911 and have my child transported to a hospital.*

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/200\_\_

### ALL PARTICIPANTS (age 18 and older or their Parent) MUST COMPLETE THIS SECTION:

1. Are there any medical or other health factors that might affect you/your child's performance in this activity? Yes \_\_\_\_ No \_\_\_\_
2. Are you/your child taking any medications that might affect you/your child's performance in this activity? Yes \_\_\_\_ No \_\_\_\_
3. Does the participant require any special accommodations due to a disability? Yes \_\_\_\_ No \_\_\_\_

Please explain in detail on reverse side any "YES" answers to the above questions and check here. ف - If #1 or #2 is "YES", a medical release is required.

Date of last tetanus shot \_\_\_\_\_ Current immunization record must be on file with BCSC before the beginning of the desired session

DR. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
DOCTOR'S NAME TELEPHONE # INSURANCE CARRIER POLICY #

### HOW DID YOU LEARN OF US?

ف Advertising (where?) \_\_\_\_\_ ف Website ف Referred by Friend(Name) \_\_\_\_\_ ف School ف Other \_\_\_\_\_

*I hereby approve of terms of this registration form. I further agree that I will not hold the Back River Recreation Council, Baltimore County Sailing Center, its organizers, sponsors, supervisors, volunteer leaders, employees or participants responsible for injuries or any unforeseen accident while participating in the above named activity or while traveling to and from or being transported for this activity. I will inform the Program Director of any medical or health factors which may occur or develop which could affect my child's/my participation. I hereby certify that I/my child can pass the basic Red Cross Swim Test and agree to abide by the Rules and Regulations as established by the Back River Recreation Council. I further agree that when I leave this activity or at its completion, I shall return any and all equipment issued to me. I hereby grant permission to publish photo's taken of myself/my child in brochures and advertisements of the BCSC. I hereby state that I/my child is in good health and able to participate in this program. I further acknowledge that I have read and fully understand the above mentioned facts and certify that all answers, to the best of my knowledge, are true and correct.*

PARTICIPANT (age 18 or older) OR PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### RETURN REGISTRATION FORM WITH CHECK FOR THE PROGRAM FEE PAYABLE TO:

**Baltimore County Sailing Center (BCSC), PO Box 34134, Essex, MD 21221**

**Payment can be made via credit card by emailing a request to registrar@bcsailing.org**

Places in programs may not be reserved without a 50% program fee deposit. Although rare, if insufficient registrations force cancellation of a program, deposits will be immediately refunded. Balance of Program Fees are due three (3) weeks before the start of the session. Places in programs may be forfeited if balance due is not made three weeks prior to start of that program. Should that place be filled by another registrant, a refund of the deposit will be made. No refunds may be given within two (2) weeks of the start of the session. To check on status of registrations phone 410-391-0196 or email to registrar@bcsailing.org.