

Sail Share MEMBER & SAFETY INFORMATION

Please Print Clearly

Name:				
Address:				
City: I	Prov:	Postal (Code:	
hone: [Cell] [Other]				
Email:				
Date of Birth (YYYY-MM-DD)):			
PROGRAM ENROLLED IN (please circle):				
Club:	NSC	BYC		
Sail Share:	Big Boat	Small Boat	s	
Sail Share Level:	Level 1	Level 2	Level 3	
Sail Share Qualification:	Skipper	Partner	Crew	
EMERGENCY CONTACT				
Name:		Relati	on:	
Phone: [Cell]	[Other]			
Are there any medical proble	ms/conditions w	e should be av	ware of?: YES NO	
If yes, please elaborate:				
Do you have any allergies? Y	ES NO			
If yes, please elaborate:				
Swimming ability: STRONG	AVERAGE	WEAK	NON-SWIMMER	
Please note: The information provided is confidential.				



Sail Share Member Acknowledgement & Waiver

This must be signed by all members of the Sail Share program and must be accompanied by a completed safety form!!

ACKNOWLEDGEMENT

I hereby acknowledge receipt of the Sail Share informat agree to abide by the terms and conditions for participate	,
	Initial here
I understand and agree that Advantage Boating Inc. res participation in the Sail Share and to retain the fees paid respecting my participation in the Sail Share.	erves the right at its sole discretion to discontinue my d by me should I breach any of the terms and conditions
respecting my participation in the Gail Ghare.	Initial here
WAIVER	
	name), recognize that sailing can be a dangerous sport
and assume all risk of injury, loss or damage to my persowned, leased and/or under the care and control of Adv Yacht Club, their servants and/or agents.	
Furthermore, I relinquish any and all claims against Adv Yacht Club, their servants and/or agents for any injury, the property or vessels owned, leased and/or under the Sailing Club or Britannia Yacht Club, their servants or a damage to any other person or their property under my Share while on the property or vessels owned, leased a Inc., Nepean Sailing Club or Britannia Yacht Club, their	loss or damage to my person and/or property while upon care and control of Advantage Boating Inc., Nepean gents. I assume all responsibility for any injury, loss or authority/supervision who is not a member of the Sail nd/or under the care and control of Advantage Boating
Signature	Date





Athlete/ Participant Concussion Code of Conduct

In recognition of the potential seriousness of a concussion, I, _______ commit to following the concussion related protocols and expectations as highlighted below:

- Be open, honest and forthcoming in regards to any situation I have been involved in, within sailing or outside of sailing, where a concussion has been suspected or confirmed.
- Be open, honest and forthcoming in regards to any signs and symptoms related to a concussion that I may be experiencing.
- Respect the roles and responsibilities of coaches in Removal from Sport protocol.
- Should I be diagnosed with a concussion, in sailing or other activities, I agree to follow the Return to Sailing Protocol laid out by Ontario Sailing in conjunction with advice from my medical professional(s).

I understand that failure to comply with any of the above may result in actions being pursued, such as, but not limited to:

- 1. Termination of my participation in any given activity.
- 2. Removal of my right to participate in future related activities.
- 3. I may be subjected to further discipline by Ontario Sailing, Sail Canada and/or Advantage Boating.

Signature	Date
For individuals under 18,	
As parent/guardian of the above participant un	der 18 years of age:
•	, have read and understand Ontario ree to ensure my child follows the above code and to concussion protocols if the situation does arise.
Signature	 Date