

**NORTHERN LAKE GEORGE YACHT CLUB  
JUNIOR PROGRAM**

**DUE  
MAY  
31**

**INSTRUCTIONS:**  
COMPLETE ONE FORM FOR EACH CHILD.  
Return with IMMUNIZATION and HEALTH record by MAIL to:  
NLGYC, PO Box 710, Hague, NY 12836

**WAIVER OF LIABILITY**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, a minor, hereby waive any and all liability that the Northern Lake George Yacht Club ("NLGYC"), its officers, directors, agents, servants or employees might have for, and agree that NLGYC, its officers, directors, agents, servants or employees shall not be liable for any bodily injury to my child incurred while my child is practicing for, or participating in, any activity of any athletic, sports, or social nature sponsored by NLGYC. My child is covered under a medical insurance plan and I/we will look to that coverage should a personal injury be incurred in the circumstance described in this waiver.

I further agree that my child will abide by the rules of NLGYC's Junior Program ("Junior Program"). I further understand and accept that there are inherent risks, including physical injury, associated with sailing and other outdoor activities, and I understand that it is my responsibility to counsel my child(ren) regarding these inherent risks. In consideration of NLGYC accepting my child for its sailing program and activities, I further hereby release, discharge and otherwise indemnify NLGYC, all officers, directors, agents, servants and employees of NLGYC, the Junior Program Committee and any and all owners of boats and facilities utilized for or in connection with the Junior Program, from any and all negligence, liability, damage, injury, loss, cost or expense, including reasonable attorney's fees, incurred by or in behalf of my child and arising in connection with or as a result of my child's participation in the Junior Program events, which transportation I hereby authorize.

The foregoing provision shall not apply to acts or omissions of or by the NLGYC, its officers, directors, agents, servants and employees, the Junior Program Committee and any and all owners of boats and facilities utilized for or in connection with the Junior Program which were committed in willful, wanton or reckless disregard for the safety of my child.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of the below named child I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

**Child's Full Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Lake) \_\_\_\_\_ (Business) \_\_\_\_\_

Emergency Tel. # \_\_\_\_\_ Name \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

## IMMUNIZATION RECORDS

**History and dates of immunizations:** Please send copy of physician's immunization / health record as a record of dates of basic immunization and most recent booster doses

Date of last Physical Exam \_\_\_\_\_ Allergies to Food and Drugs \_\_\_\_\_

Any special medical or pertinent information: \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Insurance ID # \_\_\_\_\_

## NYS DEPARTMENT OF HEALTH TRAVEL VERIFICATION

I do not anticipate that my child will travel during the two weeks prior to starting the Junior Program at NLGYC, other than to get to Hague from home. If, to my knowledge, my child is exposed to a communicable disease or travels within the two weeks before starting the JP, I will let the Health Director know.

Parent name	Parent Signature	Date
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## TRAVEL / PHOTO / SUNSCREEN RELEASE

YES    NO   I give permission for my minor child to travel to NLGYC regattas and field trips with parents and instructors over 18 years of age.

YES    NO   I hereby authorize Northern Lake George Yacht Club (NLGYC) to use photographs and videos taken of me and/or the undersigned minor child, and our names, for promotional purposes, including use on the NLGYC website, social media accounts, brochures, and for display in the facility. I release NLGYC from any expectation of confidentiality for the undersigned minor child and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize NLGYC to use their photographs and name. I acknowledge that since participation in publications and websites produced by NLGYC is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by NLGYC confers no rights of ownership to me or my child in the photograph or video so used whatsoever.

YES    NO   I give permission for my minor child to carry and use sunscreen while participating in the NLGYC Junior Program.

Name of Minor Child \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## CHILD PICK-UP BY SOMONE OTHER THAN PARENT

In addition to family members, I give my permission for \_\_\_\_\_  
\_\_\_\_\_ to pick up my child from the NLGYC Junior Program.

I understand that if someone other than those listed above picks up my child, I will notify the Program Director, before 1:30 PM. The director can be reached at 543-6533.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_