

2017 Teen Sailing Camp

MCCS Summer Youth Programs Registration Forms

Name of Camper: _____ Age: _____

Address: _____ Shirt Size: _____

Sponsors Name: _____ Sponsors Rank: _____

Phone Number H: _____ Work: _____

Cell Phone Number: _____ Email: _____

Alternate Emergency Contact and Phone Number:

Teen Sailing:

Session 1A 26 June

Session 1B 3 July

Session 2A 12 July

Session 2B 17 July

Session 3A 24 July

Session 3B 3 August

Session 4A 7 August

Session 4B 14 August

Office Use Only:

Amount Paid _____ Balance Due: _____

Waiver Signed _____

Emergency Transportation Auth Signed _____

Photograph Release _____

YOUTH SUMMER PROGRAM MEDICAL AUTHORIZATION

AGREEMENT AND RELEASE OF LIABILITY FOR MINOR' PARTICIPATION IN QUANTICO, MARINE CORPS COMMUNITY SERVICES (MCCS) DIVISION, YOUTH AND RECREATION ACTIVITIES.

- I, the parent/legal guardian of _____, do hereby give my
(Youth's full name)

Permission for his/her attendance and participation in the Quantico MCCS Youth and/or Recreation Activities and assume all risks and hazards incidental to participate in this program. I understand and agree that I may be held liable for any damages or loss to MCCS caused by my minor child's gross negligence or willful misconduct.

- I hereby release and hold harmless the United States Government*, United States Marine Corps, and MCCS Activity, its officers, agents, employees and volunteers acting officially or otherwise from any and all litigation, claims, demands, or actions for any loss, damage or injury to my child or property, that may occur from any cause whatsoever as a result of participation in the Quantico MCCS Youth or Recreation Activity.

- I authorized a representative of MCCS, individually or collectively, to take such actions as they, in their independent judgment, considered being in the best interest of my child. In the event of accidents occurring during the course of regular supervised participation in the:

- TEEN SAILING CAMP _____.

- I expressly authorize a representative of MCCS to transport or arrange transportation for my child to the nearest U.S. Government facility providing emergency medical services to authorized family members. In conjunction therewith, I hereby grant permission for the administration of any and all emergency medical treatment, deemed by the competent medical authority, to be in the best interest of my child.

(Signature of Parent/Guardian)

Printed Name

Date

* United States Government, as used here, includes any officer agent or employee of the United State Government, United States Marine Corps, and MCCS Activity, its officers, agents, employees and volunteers acting officially or otherwise.

YOUTH SUMMER PROGRAM
Waivers and Authorization

1. Youth's Name

- I, the parent/legal guardian of _____, do hereby give my
(Youth's full name)

Permission for his/her attendance and participation in the Quantico M CCS Youth and/or Recreation Activities.

2. Transportation Waiver

In consideration of receiving tour transportation for the above minor child from the United States Marine Corps Community Services (M CCS) Division, Youth and Recreation Activities from 24 June 2017-20 August 2017, including such transportation that may be reasonably required to expedite the Youth Summer Program, I hereby release the United States Government, including all its subdivisions, officers, military personnel, employees, and agents from all liability for any injuries or death that may result to my child from this transportation whether caused by negligence or otherwise. I understand that in transporting my child, the United States Government* is not acting as a common carrier for hire and does not bear the liabilities attaching to that status. I acknowledge that such transportation is voluntarily accepted and that I am under no compulsion to do so. I understand that by accepting such transportation for my child, I incur no obligation towards the United States Government* except as imposed by this release. I agree that this release not only binds myself, but also my family, heirs, assigns, administrators, and executors.*

3. Pick Up Authorization

The following people have permission to pick up the above-mentioned child from Youth Summer Programs.

1. Name _____ Phone _____

Signature of Authorized Person _____

2. Name _____ Phone _____

Signature of Authorized Person _____

I hereby agree to the above conditions:

Parent/Guardian's Signature _____

Witness _____

* United States Government, as used here, includes any officer agent or employee of the United State Government, United States Marine Corps, and M CCS Activity, its officers, agents, employees and volunteers acting officially or otherwise.