

## 2017 CAMP REGISTRATION AND WAIVER

Camper's name		Birthdate:	Age:
Name of Parent (or legal guardian):			
Address:			
Phone #:	Email:		
lame of Parent (or legal guardian):			
Address:			
Phone #:	Email:		
mergency contact			
mergency contact home phone		cell	work
(nown allergies or medical conditions	(please explain)		
Are there any physical limitations we s	should be aware o	of?	
Physician name and phone			
Please list additional people who are p	permitted to pick	your child up from ca	amp and their phone number
Camp Program	Dates	Cost	Payment (online or mail)

If you are signing up with a friend or sibling for a 10% discount, please list the other participants name:

Does your child need before care (8:00-9:00) or after care (3:00-5:00)?			
(Before care is \$40/week and after care is \$80/week. Please in Have you sailed with us before?	clude a check or call our office to pay by CC)		
Please describe what you and your camper are most excited about	out for camp.		
How did you hear about our camp?			
Medical Release  I hereby give permission for Gundalow Company staff and/or any adult m child to a doctor and/or hospital for treatment. I authorize all medical, sur be performed or prescribed for myself or my child by a licensed physician and when deemed immediately necessary or advisable by the physician to consent to such treatment. If, for religious or other reasons, you wish NOT Photo Release  I hereby give permission for Gundalow Company staff and/or any person a	gical, diagnostic and hospital care procedures which may or hospital, when efforts to contact me are unsuccessful, safeguard myself or my child. I waive my right of informed to authorize treatments, please attach an explanation.		
allow Gundalow Company to use these photographs as it sees fit. I release authorize release of photos, please attach an explanation.			
Participation Release I acknowledge that I have voluntarily chosen and HEREBY GIVE permission by Gundalow Company. I hereby certify that I am cognizant of the inherent programs and I hereby assume such risks. I HEREBY UNDERSTAND AND ACCOPERATION OF ACCOPERATION OF AND ACCOPERATION OF ACCOPERATION OF AND ACCOPERATION OF AND ACCOPERATION OF ACCOPERAT	t dangers of sailing, water-related activities and shore-based REE that Gundalow Company, its owners, directors, officers, other unnamed assistants, shall not be held liable in any way o myself or to the above named participant in connection with egligence on the part of the above referred entities and or death against the above referred entities and persons and amily, heirs and assigns. In consideration of myself or the undalow Company, I hereby personally assume all risks in further, to save and hold harmless said program, entities and estates, heirs and/or assigns arising out of my or the above ragree to indemnify Gundalow Company for all claims, arising from my participation. I further state that I am of I understand the terms herein are contractual and not a mere		
I have fully informed myself of the content of this agreeme	nt by reading it before signing:		
Participant *	Date		
Parent/Legal Guardian if participant is under 18			

Join us all season long on the Gundalow for public sails, sunset sails, concert sails, history sails, kids-sail free sails, speaker sails and more. To see our schedule and purchase tickets, visit:

## WWW.GUNDALOW.ORG

60 Marcy St, Portsmouth NH 03801 603.433.9505