

# Lake Murray Sailing Club

## REGISTRATION FORM

All information must be complete, the form signed, and the fees paid.  
 Please print clearly. Use one form per person. Deliver to any RCRC office, mail to: Aquatics, 6429 Bishop Ave, Columbia, SC 29203, or submitted by clicking the submit link below.

Class or Event	Date	Fee	For Staff Use			
			Payment Received	Receipt No.	Date Received	Received By

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: M F Age: \_\_\_\_\_ T-shirt Size: S M L Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Any Sailing Experience \_\_\_\_\_

For participants under age 18: (Parents, check here if you are interested in Parent of the Day: )

Father's Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### MEDICAL INFORMATION:

Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Please list any conditions/restrictions/behaviors that would affect your/your child's participation: \_\_\_\_\_

### EMERGENCY CONTACT:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

### SPECIAL ACCOMMODATIONS:

Please describe any accommodations you require for successful participation/inclusion in our programs: \_\_\_\_\_

### WAIVER AND RELEASE:

Please read this form carefully. In signing up and participating in LMSC and RCRC programs, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities.

I acknowledge that there are certain risks of physical injury to participants in these programs and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims I/my child may have as a result of participating in these programs against the Lake Murray Sailing Club and Richland County Recreation Commission, its officials, agents, volunteers, sponsors, and employees.

If I/my child is injured, becomes ill, or needs medical attention for any reason, this authorizes program staff to assist me/my child and to call for medical assistance. I wish myself/my child to be transported to \_\_\_\_\_ (name of medical facility), when possible. I understand I am responsible for all costs incurred in any such medical emergency.

I understand photographs of my/my child's participation in this program may be used by Lake Murray Sailing Club and/or the Recreation Commission to promote the Commission's events and facilities, without compensation and without additional approval.

I have read and fully understand this waiver and release.

PRINT PARTICIPANT'S NAME \_\_\_\_\_

PARTICIPANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

(Parent or guardian must sign for participants under age 18)