

Never Say Never Foundation
 NeverSayNeverInc@gmail.com
 352-502-0379
 3965 NE 15th Court Rd
 Ocala, FL 34479

NEVER SAY NEVER FOUNDATION

2019 Pirate Camp Application

October 10-13, 2019

Hosted at the Clearwater Community Sailing Center in conjunction with Sailability Greater Tampa Bay.

APPLICANT INFORMATION

CHILD'S NAME: _____

CHILD'S AGE: _____ **DATE OF BIRTH:** _____ **SEX:** MALE FEMALE

ADDRESS: _____
CITY, STATE, ZIP

PARENT / GUARDIAN INFORMATION

Name: _____

Phone: _____

Email: _____

Emergency Contact Information:

Name: _____

Phone: _____

CHILD'S T-SHIRT SIZE:	YOUTH	YS	YM	YL	YXL			
<small>PLEASE SPECIFY YOUTH OR ADULT SIZE</small>	ADULT	SM	MED	LG	XL	2XL	3XL	

PLEASE INDICATE YOUR CHILD'S LEVEL(S) OF LIMB DIFFERENCE

LEFT LOWER EXTREMITY	AK	BK	RIGHT LOWER EXTREMITY	AK	BK
LEFT UPPER EXTREMITY	AE	BE	RIGHT UPPER EXTREMITY	AE	BE

Please list all family member(s) attending the event with Camper:
 Please include ALL family members, including Parent/Guardian

Name	DOB	Child's age	Relationship	Shirt Size

If any of the participants above are over the age of 18 and would like to volunteer at Pirate Camp, please send an email to Shanna at shanna.nsnf@gmail.com to receive the Volunteer Application.

Name of Camper:

Does the camper have a prosthetic limb?	YES	NO
If the camper has a prosthesis, is it waterproof?	YES	NO
Does the camper have swimming experience?	YES	NO
Does the camper have any water limitations?	YES	NO
Does the camper have any special needs or conditions?	YES	NO
Does the camper have any allergies to food or medication?	YES	NO
Does the camper have any dietary restrictions?	YES	NO
Does the camper take any medications we should be aware of?	YES	NO

If you answered yes, to any of the above questions that requires elaboration, or feel there is information we should know about your child, please provide details below:

Please list any medical conditions, allergies, special dietary needs, or general concerns that should be made known for any of the camp participants:

The following release covers all person(s) listed in this application.

Please initial beside each statement of release and sign at the bottom.

Initial below	Liability Release	I understand that having myself, my child and/or any of my family participating as a camper, family member and/or volunteer involved in any camp related activities such as sailing, kayaking, swimming, fishing, boating, athletic games, skating and any other unforeseeable camp related activity, there is a risk of injury. I understand that if a medical emergency or an injury should occur at the Never Say Never Pirate Camp, that the Never Say Never Foundation will deal with the medical emergency as deemed medically necessary and with the protocols defined by the host facilities' guidelines. I understand that any medical insurance that the individuals have, will be used and I will not hold the Camp, the Never Say Never Foundation or the host facility responsible for any injuries or accidents that may occur to myself, my family or anyone during the Never Say Never Pirate Camp, at any location during the event.
Initial below	Photo Release	I authorize the Never Say Never Foundation to take photos and videos for the use of promotional materials, pictures for sponsors and website development for the Never Say Never Foundation during the Never Say Never Pirate Camp.
Initial below	Emergency/ Medical Release	I authorize emergency medical treatment of my child, myself or my family, if such treatment is deemed necessary and appropriate by a licensed medical professional during the Never Say Never Pirate Camp at any location during camp.

Signature(s) of Parent(s) or Guardian(s) for above Participants

Date

The following question is to be answered by the child named on this application. If the child is unable to write, please ask the question aloud and document their answer.

Please tell us why you would like to attend the Never Say Never Foundation's 8th Annual Pirate Camp and be sure to include what you hope to learn / accomplish while you are there.

Parents, if you feel there is any additional information we should know about your child, please include it below:

LIABILITY WAIVER
for CLEARWATER COMMUNITY SAILING ASSOCIATION, INC.

DBA CLEARWATER COMMUNITY SAILING CENTER
1001 GULF BOULEVARD · CLEARWATER, FL 33767
Phone: (727) 517-7776 Fax: (727) 489-2602

Email: office@clearwatercommunitysailing.org · www.clearwatercommunitysailing.org

It is the responsibility of the adult participant or parent/guardian to **completely** fill out this form and then sign the form before participating in any Clearwater Community Sailing Association, Inc., d/b/a Clearwater Community Sailing Center, hereinafter CCSC, activity.

Parent/Guardian: _____

Other Participants/Family Members:

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Parent/Guardian:

Phone: _____ Email: _____

City, State, Zip _____

Status: Participating in Never Say Never Foundation Pirate Camp, October 10-13, 2019.

Emergency Contact Name & phone number: _____

List any medical conditions that may interfere with your sailing ability or that may require special accommodation to ensure your safety:

The following policies are designed to promote the safe and fun use of CCSC facilities and boats by all members and guests. These policies alone do not guarantee your safety.

Members / Guest Policy: Members/guests are expected to conduct themselves in a safe and prudent manner at all times, whether their specific actions are addressed by policy or not.

PFD/Lifejackets: An approved PFD's of correct size/weight will be worn and correctly fastened/adjusted any time a member or guests goes beyond the fence gong to the beach. This includes any usage of the dock, entry into the water for any reason, and at ALL TIMES while underway on any CCSC boat. Failure to follow this policy will result in loss of privileges with NO reimbursement of any fee/payments.

Consumption of Alcohol: Consumption of alcohol in any form is prohibited while at the CCSC. Exceptions:

1. In the Carlisle Room and upper balcony, for renters and their guests, during the rental period.
2. During other events that occur after regular center hours, with prior CCSC permission.

Smoking: Smoking is prohibited in all indoor areas of the CCSC. This includes all office spaces, work rooms, and restrooms.

Swimming & Fishing: Swimming or Fishing is not allowed from the CCSC property including docks or off of any CCSC vessel.

Shoes: Shoes are required at all times while at the CCSC or aboard any CCSC vessel.

Damages: Inspect boat for damage: Report any problems to the office/CCSC staff. You will be held liable for any damage that is on your vessel after you use it. You are expected to treat the boats and equipment with respect. Failure to do so may result in loss of privileges with NO reimbursement.

Safety/Rescue: If it becomes necessary to send a safety boat out for you we reserve the right to charge you a rescue fee.

Boundaries: All members and guests are required to stay in the boundaries as dictated by CCSC. Failure to stay within boundaries will result in automatic loss of sailing privileges. IF you have not been shown the CCSC boundaries, please ask a staff member to show you.

In consideration for Clearwater Community Sailing Association, Inc., d/b/a Clearwater Community Sailing Center, hereinafter CCSC, extending to me the privilege of participating in its water sports program, I fully assume all risk and waive all liability in connection with my participation in any program, and in particular, without limitation, to the extent permitted by law. I and my heirs, representatives, executors, or administrators and my undersigned parent or guardian (if applicable) remise, release, indemnify, acquit and hold harmless and forever discharge CCSC and the City of Clearwater, its directors, employees, agents, instructors, including volunteers, rescue and support personnel, from any and all liabilities, obligations, damages, claims, causes of action, judgments, costs, and charges that I may have or that may be incurred by me for reason of any occurrence during my travel to and from the event, or during my participation therein, whether resulting from acts or omissions of any persons, from the operation or condition of facilities or premises, or from acts of god or nature. Moreover, nothing herein shall constitute a waiver by the City of Clearwater of its sovereign immunity and the limitations set forth in Section 768.28 Florida Statutes.

I hereby agree to comply with all rules and regulations and give my consent for the uncompensated use of my name and picture in any media account, water sports program(s), or any other public relations media for the CCSC or City of Clearwater. I also agree to assume liability for any and all damages to property, belonging to CCSC and/or the City of Clearwater, which is damaged under my control while participating in any CCSC activity

I hereby affirm that all children listed above have permission to participate in CCSC water sports program.

I have read and agree to abide by all CCSC policies

Signed: _____

Date _____