

Please fill this form out, *save the file as your name* and email it to Shanna: shanna.nsnf@gmail.com



Never Say Never Foundation, Inc. ☎ 3965 NE 15th Court Rd ☎ Ocala, FL 34479
 email: neversayneverinc@gmail.com ☎ phone: 352-502-0379 ☎ website: neversayneverfoundation.org

Volunteer Registration Form

Never Say Never 10th Annual Pirate Camp

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

October 7-10, 2021

Name you would like on your Pirate Camp ID badge:	T-Shirt Size:

Email address:	Cell Phone Number:

The Volunteer schedule will be sent to the email address provided on page 1, one week prior to camp.

All volunteers are encouraged to attend the Meet & Greet on Thursday and stay for the Volunteer Meeting afterwards.

PLEASE INDICATE THE DAYS AND TIMES YOU ARE AVAILABLE TO VOLUNTEER

		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
	Help with Setup	PM		AM	PM	AM	PM	AM	Help with Clean-up
Approximate times	1:00PM-4:30PM	5:30PM-9:00PM		9:00AM-1:00PM	12:30PM-4:30PM	9:00AM-1:00PM	12:30PM-4:30PM	9:00AM-1:00PM	After lunch, until we're done

If you sign up for Food Service, the "AM" shift will be 12PM-2PM and the "PM" shift will be 6:30PM-8:30PM

There are many jobs and duties that we rely on our volunteers to help us with. Some of these duties are listed below. Please indicate any duties that you would be willing to help with and we *will do our best* to schedule accordingly.

<input type="checkbox"/> Group Leader You will be in charge of a group of children for the duration of camp	<input type="checkbox"/> Food Service AVAILABLE ALL DAYS	<input type="checkbox"/> Sailboat Captain MUST BE AVAILABLE FRIDAY-SUNDAY
<input type="checkbox"/> Paddle Boards/Kayaks	<input type="checkbox"/> Food Service <small>(partial availability)</small>	<input type="checkbox"/> Arts & Crafts
<input type="checkbox"/> Gate Monitor	<input type="checkbox"/> Water Cooler Monitor	<input type="checkbox"/> Guest Speaker
<input type="checkbox"/> Decorations <small>(THU & SAT)</small>	<input type="checkbox"/> Other Special Skills: _____	
<input type="checkbox"/>		

There will not be volunteers assigned to trash duty. We expect all of our volunteers to step up and take the trash out or pick up trash on the ground as they see the need arise. Thank you.

Volunteer Information

Legal Name:

Street Address:

City, State:

Zip Code:

Sex: Male Female They/Them

Date of Birth:

Special needs or conditions:

Do you have any prosthetics and are they waterproof?

Any allergies to food or medications?

Please List Any Dietary Restrictions:

Medications:

Anything else we should know?

Emergency Contact Information

Name:

Phone Number:

Accommodations:

I wish to stay at the host hotel at the discounted rate of \$175 per night. I understand that Never Say Never will book the room for me. By checking this box, I agree to pay the room charges upon check-in.

If you have a room preference, please indicate here:

One King Bed 2 Queen Beds Need additional cot Wheelchair accessible shower

Adjoining room with _____ Other special room requests _____

If multiple people are staying in your room, please list them here:

The list of hotel rooms must be confirmed no later than August 15th. If you have not submitted a volunteer application with the above box marked, you will be responsible for your own accommodations.

I will find my own accommodations for Pirate Camp 2021

Please tell us why you would like to volunteer at The Never Say Never Foundation's 10th Annual Pirate Camp. Let us know how you heard about Pirate Camp. Include any special skills you have that you would like to share with our campers.

If you have any ideas or suggestions on how we can improve Pirate Camp for our Campers or Volunteers, please let us know. :-)

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

Date

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: _____

Phone: _____ Email: _____

City, State, Zip _____

Other Participants/Family Members:

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

Status: Participating in Never Say Never Foundation Pirate Camp, October 7-10, 2021.

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 going 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, it's 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 participants listed above have permission to participate in CCSC water sports programs.

I have read and agree to abide by all CCSC policies

Signature

Date