

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

## 2018 Registration Form / Application

# Never Say Never Pirate Camp

### October 11-14, 2018

#### CAMPER INFORMATION

Name: \_\_\_\_\_ Sex:  Male  Female

DOB: \_\_\_\_\_  
Month/Day/Year

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

City, State, Zip: \_\_\_\_\_

<b>Camper's t-Shirt Size:</b>	Youth	YS	YM	YL	YXL			
<i>Please specify Youth or Adult size</i>	Adult	Sm	Med	Lg	XL	2XL	3XL	

- |   |     |    |
|---|-----|----|
| 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, or feel there is information we should know about your child, please provide details below:***

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Name of Camper: \_\_\_\_\_

**Family member(s) attending Pirate Camp with Camper:**

*Please include ALL family members, including Parent/Guardian*

Name	DOB	Relationship to Camper	T-shirt Size

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

The following release covers all person(s) listed above.  
Please initial beside each statement of release and sign at the bottom.

	<p><b>Liability Release</b></p>	<p>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.</p>
	<p><b>Photo Release</b></p>	<p>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</p>
	<p><b>Emergency / Medical Release</b></p>	<p>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.</p>

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

\_\_\_\_\_  
Date

Name of Camper: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

Name:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

**Emergency Contact Information:**

Name:

\_\_\_\_\_

Phone:

If any of the persons listed on page 2 of the application are **over 18 years of age** and would like to participate as volunteers during the camp, please list their names below and circle the days on which they are willing to volunteer:

Thursday      Friday      Saturday      Sunday

\_\_\_\_\_

Thursday      Friday      Saturday      Sunday

\_\_\_\_\_

Thursday      Friday      Saturday      Sunday

\_\_\_\_\_

Thursday      Friday      Saturday      Sunday

\_\_\_\_\_

The volunteer schedule will be available the week prior to camp. A schedule will be emailed to you. The contact email listed above will be used for correspondence. If you have any questions prior to camp, you may email [Shanna.nsnf@gmail.com](mailto:Shanna.nsnf@gmail.com) for more information.

Name of Camper: \_\_\_\_\_

The following is to be answered by the named camper on this application. (1-2 paragraphs)

Please tell us why you would like to attend  
Never Say Never Foundation's 7th Annual Pirate Camp  
and what you hope to learn/accomplish while you are there.

**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 \_\_\_\_\_ DOB: \_\_\_\_\_

Other participants/family members:

Name	DOB	Name	DOB

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Status: Participating in Never Say Never Foundation Pirate Camp, October 11-14, 2018.

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_

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 children listed above have permission to participate in CCSC water sports program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LIABILITY WAIVER**  
**for CLEARWATER COMMUNITY SAILING ASSOCIATION, INC.**  
**DBA CLEARWATER COMMUNITY SAILING CENTER**

**Members/Guest Policy:**

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/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 or 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.

**I have read and agree to abide by all CCSC policies**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_