



# Duluth - Superior Sailing Association

Duluth-Superior Sailing Association (218) 391-5521  
P.O. Box 3094, Duluth, MN 55803  
sailingforall@gmail.com

## Youth Information and Waiver

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Age \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
email \_\_\_\_\_ Phone(s) \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### EMERGENCY INFORMATION

Emergency Contact \_\_\_\_\_ Relation: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone- \_\_\_\_\_  
Health Insurance Carrier: \_\_\_\_\_ Policy/ID Number: \_\_\_\_\_

Please list any additional medical concerns, special needs, or considerations about which we should be aware. Provide a detailed comment so we can be attentive, safe, and helpful.

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### SWIMMING:

To sail unaccompanied, by an adult. Juniors must be able to swim 100 yards (75 front or side power stroke, 25 resting backstroke), tread water for two minutes, and demonstrate the ability to float. You can show one of the following cards, or you can head down and take the swim check with us! Swim checks at DSSA do not start until June, so if you are signing up for classes in advance and do not have proof, please stop in before your program to take your swim check. Please bring your card with your name on it and not just the badge! You can also show us a note from a lifeguard on pool letterhead. If you are sending this application, a photocopy of one of the certifications below is fine, or your note on pool letter head. We will not accept proof over the phone! If you don't know where to take the test in your area, or you need swim lessons, call us. These are the cards we accept; Boy Scouts: Swimming or Lifesaving Merit Badge; Red Cross: Intermediate ; YMCA: Fish; Pool letter.

### WAIVER OF LIABILITY

In case of an emergency, I understand every effort will be made to contact me. If I cannot be reached, I hereby grant my permission to the physician selected to secure proper medical treatment, which may include hospitalization, anesthesia, surgery or medication for my child. In consideration of the agreement of Duluth Superior Sailing Association (DSSA) to admit my child into the Junior program membership, and on behalf of myself, all family members and my children, I hereby agree to release, indemnify, and hold harmless DSSA from any claim or liability arising from participation of any such participants in any aspect of DSSA activities, DSSA, or its offices, members, employees, and representatives and each person or organization whose property is sued in connection with such activities.

I am aware of and familiar with the risks and dangers involved with the type of vessels and activities in which my child will be involved. I have read and understand the posted rules and regulations for participation and the membership handbook and agree to abide by all of them. I have reviewed, read, and understand the above and sign this of my own free will and desire.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Junior participant signature: \_\_\_\_\_ Date: \_\_\_\_\_