

INDIAN LANDING BOAT CLUB  
2011 SMALL BOAT SAILING CAMP REGISTRATION FORM  
\*\*\* BOY SCOUTS ONLY\*\*\*

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DISTRICT/TROOP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ DAYTIME PH # \_\_\_\_\_

PARENT EMAIL ADDRESS: \_\_\_\_\_

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**Check requested session:**

Session 1 (Jul 5 & 6) (10:00am – 3:00pm) \_\_\_\_\_

Session 2 (Jul 7 & 8) (10:00am – 3:00pm) \_\_\_\_\_

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**Pricing:**

2-day Small Boat Sailing Camp \$100 per participant

(note: Make check payable to: ILBC. Advance payment required to confirm registration)  
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**Accommodations:**

Please explain in detail any allergies, medical conditions, or other considerations that instructors should be aware of:

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

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**Authorization, Consent and Release:**

I am the parent/guardian of the above Student and have full legal authority to make decisions regarding the Student's care and well being. I hereby grant my permission for the Student to participate in the 2011 Indian Landing Boat Club ("club") Junior Sailing program. I recognize that there are certain dangers associated with boating and other water-related activities, and while due care will be exercised by the Club's employees, I hereby waive and release the Indian Landing Boat Club and its stockholders, membership, officers, directors, employees, and directors of the program and/or participants from any liability arising from, and as an express condition of the student being permitted to participate in the Junior Sailing Program. In the event of a medical emergency, I authorize any and all medical and hospital care and treatment, including major surgery, deemed necessary by a duly licensed physician or duly licensed staff physician at any medical facility which is necessary for the health and well being of my child named herein. I accept full responsibility for any medical expenses that may be incurred on my child's behalf.

PARENT PRINTED NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**Return form and payment by check to: ILBC SAILING  
P.O. Box 68, Millersville, MD 21108**

FOR OFFICE USE: PAID \_\_\_\_\_ DATE REC'D \_\_\_\_\_ CHECK # \_\_\_\_\_