



Duluth-Superior Sailing Association  
 Mail to: P.O. Box 3094, Duluth, MN 55803  
**2020 YOUTH CAMP REGISTRATION**



Please fill out all three pages and mail to the P.O. Box.

Name of Participant(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email \_\_\_\_\_

**DATES OF CAMP:** All camps run from 9 AM until 4 PM rain or shine.

- June 22-26 at DSSA Pier (Ages 12-16) . . . . . **\$300.00**
- July 13-17 at DSSA Pier (Ages 7-11) . . . . . **\$300.00**
- July 27-31 at DSSA Pier (Ages 12-16) . . . . . **\$300.00**
- August 3-7 at DSSA Pier (Ages 7-11) . . . . . **\$300.00**
- August 10-14 DSSA Pier (Ages 12-16) . . . . . **\$300.00**
- August 17-21 at DSSA Pier (Ages 7-11) . . . . . **\$300.00**

Annual youth membership is included in the price of the camps.

**Please note:** The membership fees do not fully cover the cost of providing DSSA programming. If you can afford to make a tax-deductible donation, this is greatly appreciated. DSSA is committed to providing sailing opportunities for all, regardless of ability to pay.

**Additional donation to support DSSA programs** \$ \_\_\_\_\_

**TOTAL:** Checks may be mailed to the P.O. Box . . . . . \$ \_\_\_\_\_

Name on Check: \_\_\_\_\_ Check No. \_\_\_\_\_

**WAIVER OF LIABILITY**

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's activities, DSSA or its offices, members, employees, and representatives and each person or organization whose property is sued in connection with my such activities. I give permission to DSSA to use any photos and video taken of me/us.

I am aware of and familiar with the risks and dangers involved with the type of vessels and activities in which I 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 or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

(Continue to next page . . .)

New members must also fill out the Waiver of Liability and Emergency Contact Document.

Age of participant(s) \_\_\_\_\_

Sailing experience (no experience necessary) \_\_\_\_\_

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Allergies \_\_\_\_\_

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Other comments or concerns \_\_\_\_\_

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Later pick up is available. Please give details if you want to pick up youth campers after 4pm.

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(Continue to the emergency contact information page . . .)



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P.O. Box 3094, Duluth, MN 55803

**WAIVER OF LIABILITY**

In consideration of the agreement of Duluth-Superior Sailing Association (DSSA) to admit myself as a member or 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 or its officers, members, employees, and representatives and each person or organization whose property is used in connection with such activities. Furthermore, if I am signing as a guardian for a minor, I understand that In case of an emergency, 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.

I am aware of and familiar with the risks and dangers involved with the type of vessels and activities in which my child or myself 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.

In addition I give permission to the DSSA to use any photos and video taken of me/us for promotional purposes.

**PERSONAL AND EMERGENCY INFORMATION**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone 1: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Emergency Contact Phone 2: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

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


Today's Date: \_\_\_\_\_

<b>Full Name</b>	<b>Signature</b> <small>Acknowledges acceptance of the conditions outlined above. Signature required from all participants 18 or older.</small>	<b>CHECK if Under 18</b>

*Guardian signature required for any participant under the age of 18*

<b>Full Name of Parent or Guardian</b>	<b>Signature</b>

