



Regatta Sailors & Crew Registration Form

****PLEASE FILL OUT ALL PAGES. TYPE OR PRINT CLEARLY. USE INK PEN ONLY****

Today's Date: _____

**Starts October 2nd
3:30 - 5:00 PM**

Participant's Name: _____ Birthdate: _____

Parent(s)/Guardian Names: _____

Parents(s)/Guardian Address: _____
Street address city state zip

Parent(s) Email: _____ Parent(s) Home Phone: _____

Participant's Cell: _____ Mom's Cell: _____ Dad's Cell: _____

Dad's Place of Employment: _____ Phone: _____

Mom's Place of Employment: _____ Phone: _____

Emergency contact (other than parent):

_____ name relationship home phone/cell

My child is independent with toileting needs. YES NO

At this time we are limited to accepting only sailors who are independent with toileting needs.

School (if applicable): _____

Do you presently have health insurance? Yes No

If yes, please complete the following information:

Primary/Secondary Insurance Company: _____

Subscriber's Name: _____

City: _____ State: _____ Zip: _____

Phone: _____ Policy #: _____ Group #: _____

**We do not administer medications.*

***SPACE IS LIMITED. New participants must complete an interview with a Regatta Team leader prior to acceptance into the program.**



Behaviors that are “unique” to your child and important for us to know (i.e., Mary will want to turn lights on and off):

What are your child’s strengths and interests?

If your child is upset, what types of things do you do to calm him/her down:

Does your child have seizures? If so, please describe?

List any food or drug allergies:

Of what health concerns should the Regatta Staff be aware?

Is there anything else that Regatta should know to help your child succeed?

I have fully and completely disclosed all information about my child and his/her needs.

Parent/Legal Guardian Signature

Return to Joy at 101 Columbus Avenue, Grand Haven or email to jfairfield@ghclc.org



Covenant Life Church

Waiver/Release/Consent & Agreement

Initial
Here

Participant's Name: _____

Medical Care, Medications and Procedures: (I or We) in the event of an emergency give permission to Covenant Life Church to secure proper emergency treatment and/or medical treatment for the participant.

(I or We) understand that Covenant Life Church does not provide medical care. Further, Covenant Life Church will not administer any prescribed or over-the-counter medications including Tylenol (or like medicines) to the participant while they are under the care of Covenant Life Church.

(I or We) understand that the Covenant Life Church staff and/or volunteers do not provide assistance for bathroom needs.

Release of Information: (I or We) give consent to Covenant Life Church to release any participant information or documentation to health care providers/agencies/or organizations.

Emergency Release of Information: In the event the participant must leave the care of Covenant Life Church, permission is given to Covenant Life Church to release the participant to any name listed as an emergency contact.

Personal Property: (I or We) understand and agree that Covenant Life Church is not responsible for the loss or damage to any personal property of the participant.

Transportation: (I or We) hereby give consent for the participant to engage in activities and/or programs in areas other than the Covenant Life Church site and allow the participant to be transported in vehicles for the Covenant Life Church program.

Release of Visual Images or Audio Recordings: (I or We) agree that Covenant Life Church may use and/or reproduce all photographic, video, or audio in any form of the participant for display, marketing, or promotional materials.

Liability Waiver/Release/Hold Harmless/Indemnity Agreement: (I or We) acknowledge that Michigan law does not permit us to waive legal rights of the participant, however in consideration for allowing the participant to participate in activities sponsored or provided by Covenant Life Church, (I or We) agree that Covenant Life Church, their agents, officers, employees, trustees, volunteers, and/or the heirs, administrators, executors, and assigns of the above named entities and individuals, will not be liable for any and all claims and liabilities of any kind. Further, (I or We) agree to hold harmless, indemnify, and reimburse for any damage award, actual attorney fees and costs incurred by Covenant Life Church, their agents, officers, employees, trustees, volunteers, and/or the heirs, administrators, executors, and assigns of the above named entities and individuals, from any and all legal claims brought on by me (us) or my (our) agents, heirs, administrators, executors, and assigns or by the participant, their agents, heirs, administrators, executors, and assigns for any cause which arises from the activities sponsored or provided by Covenant Life Church.

(I or We) understand this LIABILITY WAIVER/RELEASE/HOLD HARMLESS/INDEMNITY AGREEMENT and sign with full knowledge of its legal consequences and without coercion or duress.

Signatures: (Parent or Guardian signature required if participant is under 18)

Participant: _____

Date: _____

Father: _____

Date: _____

Mother: _____

Date: _____

Legal Guardian: _____

Date: _____

Covenant Life Church Code of Ethics/Behavior Contract

Parents/Guardians: Please review the expectations below with your son/daughter/ward. Failure to comply with the Ethics/Behavior Contract can result in immediate dismissal (see enclosed Discipline Policy).

Please initial and sign when finished.

In order to provide the safest, most loving environment, I _____,

Agree to the following:

Parent/
Guardian

Participant

- | | | |
|-------|-------|---|
| _____ | _____ | If I hit, pinch, or scratch, I will be asked to take a week off from Regatta. The 2nd time a physical altercation happens I will not be allowed to return to Regatta. |
| _____ | _____ | I will respect all staff members of Covenant Life Church. |
| _____ | _____ | I will treat all volunteers and participants with mutual respect. |
| _____ | _____ | I will encourage appropriate behavior with the individuals I contact. |
| _____ | _____ | I understand that I must stay in Covenant Life Church unless participating in a group activity or accompanied by a mentor or Covenant Life Church staff member. |
| _____ | _____ | I will not use illegal substances of any kind (tobacco products, alcohol, drugs, etc.). |
| _____ | _____ | I understand that no weapons of any kind, including pocket knives, will be allowed. |
| _____ | _____ | I understand that no matches/lighters, homemade bombs, or explosives will be allowed (i.e., fireworks, pop bottle bombs). |
| _____ | _____ | I will refrain from using profanity or other abusive language. |
| _____ | _____ | I will refrain from public displays of affection (i.e., kissing, extended hugging, etc.). |
| _____ | _____ | I will not wear revealing, immodest clothing, or clothing with offensive slogans or messages. |
| _____ | _____ | I understand that if I engage in illegal or harmful behavior to myself or others, I will be terminated from Covenant Life Church. |

I agree to and will comply with the above expectations and consequences.

Participant Signature

Date

Parent/Guardian Signature

Date

Social Security Number if over 18 _____

Have you ever been found guilty of a felony or misdemeanor? Yes No

Have you ever received a sentence or probation through a juvenile court? Yes No

If yes, explain on a separate piece of paper.

I authorize Covenant Life Church to run a criminal history check. Yes No

Following a background check, any person found guilty of a CSC (Criminal Sexual Conduct), felony drug conviction, or assault crimes will not be allowed to participate at Covenant Life Church.