



Camp Registration 2015

Paddle Sports Spring Day Camp

(March 30 – April 3)

Please fill out and return the following information to Silver Shark Water Sports with payment of the deposit (\$25). All campers must be the age of 7 by the first day of the camp session. Camps are filled on a first come, first serve basis.

<u>Camper's Name:</u>	<u>Birthday:</u>	<u>Age:</u>
<hr/>		
<u>Address:</u>		
<hr/>		
<u>City:</u>	<u>State:</u>	<u>Zip:</u>
<hr/>		
<u>Parent's Name:</u>	<u>E-mail:</u>	
<hr/>		
<u>Home Phone:</u>	<u>Cell phone:</u>	<u>Work phone:</u>
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Program Location:

Mariner's Point Park (Mission Bay).

What to bring:

Campers should bring swimsuit, change of clothes, hat, sunscreen, towel, drinking water, snack and lunch. In the event of inclement weather or water condition, campers will participate in beach activities until water entry is safe.

Cancellations:

If you request to cancel your enrollment before the start of the camp week, you will receive a refund (minus deposit). If you request to cancel your enrollment the Monday of the camp week, you will receive 75% of your refunds (minus deposit). No refunds will be given for cancellations after Monday of the camp week.

Medical release forms:

All campers must complete a medical release/liability waiver at the time of registration (latest on the first day of camp.)

Risk recognition:

I give permission for my child to participate in Paddle Sports programs and while I understand that Silver Shark Water Sports will exercise all care, these programs carry some risk and can result in occasional injuries. In the event of illness or injury, I authorize Silver Shark Water Sports staff to seek any medical attention that is deemed necessary, and that the parent /guardian will be responsible for the costs. I understand that paddle sports programs can include running, swimming, jumping and other outdoor activities. I agree that attendance on the program is on this basis.

Signing In/Out:

We require that all children are to be properly signed in and signed out by an adult. We will ask for photo ID identification daily.

Payment:

- I wish to pay: Full fee (\$250.00) Deposit (\$25.00)
- I have enclosed a cheque (payable to Silver Shark Water Sports LLC)
- I authorize Silver Shark Water Sports to debit my Visa Card Master Card AmEx

<u>Number:</u>	<u>Expiry Date:</u>
<hr/>	<hr/>
<u>Name on Card:</u>	<u>Signature:</u>
<hr/>	<hr/>

Please return this form to: Szilvia Hughes (silversharkwatersports@gmail.com) 619-519-2283

Parent's signature: _____

Date: _____



Silver Shark Water Sports

Medical History Form

This form is essential for your safety and enjoyment of the trip. Please take time to fill out completely, accurately, and return promptly. Please DO NOT mail this form. Bring it to the first day of camp.

Course Name: Paddle Sports Camp Course Date: 3/30 – 4/3/15

NAME: _____ Sex: _____ Date of Birth: _____ Address: _____

Email: _____

City: _____ State: _____ Zip: _____ Cell Phone: (_____) _____ Work Phone: (_____) _____

In case of emergency, notify: _____ Relationship: _____ Phone: (_____) _____

Family Doctor: _____ Phone:(_____) _____ Health Insurance Company: _____

Policy #: _____

Are you allergic to any of the following? (Check if "yes")

Medication (please name type) _____ Aspirin _____

Food (please name type) _____ Insects _____

Other allergies (please list) _____

If yes to any of the above, please describe your allergic reaction and how you treat it:

Do you have a history of any of the following (Check if "yes"):

Frostbite _____ Arthritis _____ Diabetes _____ Hypothermia _____ Unconsciousness _____ Dizziness _____ Poor circulation _____ Asthma (cold induced) _____ Migraines _____ Knee or joint problems _____ Asthma (exercise induced) _____ Seizures _____ Toothaches _____ Abnormal blood pressure _____ Past surgery _____ Bronchitis _____ Eyestrain (light sensitive) _____ Stomach problems _____

If yes to any of the above, have you been treated? Explain:

Are you still on medication? Explain:

Have you taken or do you presently take any medication on a regular basis? If yes, describe:

Do you use a corrective brace or device? _____

Is there anything that we should know about you? (Phobias, special sensitivities, ect.)

Do you require a special diet? If yes, please explain:

I have answered the above questions accurately and completely.

The staff of Silver Shark Water Sports has permission to seek and/or administer emergency care for the participant in the event that the participant or guardian cannot respond at the time of emergency.

Date: _____ Signature of participant: _____

Date: _____ Signature of parent/guardian: _____ (if participant is under age 18)



Silver Shark Water Sports

SILVER SHARK ALL ACTIVITIES RELEASE FORM

Assumption of risk, liability, release of liability and waiver of claims agreement

(one form per person, one Driver's License per rental group)

Full Name (Please Print Clearly)		Phone #	Date
Mailing Address		City	State Zip
Participants Signature		Email (optional)	
(Minors) Parent/Legal Guardian Name (Printed)		Parent Signature	

In consideration of being allowed to use the facilities and participate in Kayak, Paddleboard, Tours, Classes, Youth Camps, Events, Retail Sales and other activities (collectively the "Activities") provided by Silver Shark Water Sports LLC (the "Host"), the Participant, and the Participant's parent(s) or legal guardian(s) do hereby agree, to the fullest extent permitted by law, as follows:

- a) **TO WAIVE ALL CLAIMS** that they have or may have against the Host, its owners, affiliates, employees, and/or agents arising out of the inherent risks of participating in the Activities;
- b) **TO ASSUME ALL RISKS INHERENT IN PARTICIPATING IN THE ACTIVITIES;** and
- c) **TO RELEASE** the Host, its owners, affiliates, employees, and/or agents, from all liability for any loss, damage, injury, or expense forming the basis for a claim and/or cause of action that the Participant [or his/her parent(s) or legal guardian(s)] may suffer, arising out of the inherent risks of participation in the Activities.

Personal Responsibility

The Participant and his/her parent(s) or legal guardian(s) certify that Participant has no physical or mental condition that precludes him/her from participating in the Activities and that he/she is not participating against medical advice.

The Participant and his/her parent(s) or legal guardian(s) understand that Participant's participation in the Activities is voluntary and further understand that they have the opportunity to inspect the Host's equipment and facilities before any participation.

The Participant and his/her parent(s) or legal guardian(s) understand that Participant is obligated to follow the rules of the Activities and that he/she can minimize his/her risk of injury by doing so and through the exercise of common sense and by being aware of his/her surroundings.

If, while participating in the Activities, the Participant and/or his/her parent(s) or legal guardian(s) observe any unusual hazard or condition, which they believe jeopardizes Participant's personal safety or that of others, Participant and/or his/her parent(s) or legal guardian(s) will remove Participant from participation in the Activities and immediately bring said hazard or condition to the attention of the Host.

I, _____ (parent/legal guardian print name), hereby agree that I will explain to my child that the risk of injury while participating in the Activities can be reduced by following the rules and through the use of common sense and good judgment.

To the extent that any portion of this Agreement is deemed to be invalid under the law of the applicable jurisdiction, the remaining portions of the Agreement shall remain binding and available for use by the Host and its counsel in any proceeding.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT.

By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film or video taken of me or provided by me for publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.