

SHORELINE AQUATIC CENTER
Summer Youth Sailing/Windsurfing Programs
& Camp Shoreline

Please Note: Must fill out and return on the first day of Summer Camp! Thank you!

Circle Camp Enrolled and indicate start date:

Windsurfing/Sailing I: Class #-Date _____ Windsurfing/Sailing II: Class #-Date _____

Camp Shoreline: Class #-Date _____ Other: Class #-Date _____

**LIABILITY RELEASE, INSURANCE CONFIRMATION &
AUTHORIZATION TO TREATMENT OF A MINOR**

As parent or legal guardian of _____ (Print Camper's Full Legal Name), I the undersigned give my permission and do hereby assume full responsibility for my child's participation in the Summer Youth Program operated by Shoreline Aquatic Center/Silicon Shores Corp. and hereby waive, release, absolve, indemnify and agree to hold harmless Shoreline Aquatic Center/Silicon Shores Corp. and the City of Mountain View, its staff, officers and representatives and employees for any and all liabilities, including medical, which may arise or be incidental therefrom. I further waive any claim arising out of injury to said participant.

Completion of this section enables parents to authorize emergency treatment for their child.

I authorize staff of the Shoreline Aquatic Center/Silicon Shores Corporation to arrange transportation in case of accident or acute illness and to arrange for possible emergency medical and/or surgical care at El Camino Hospital or at:

_____. It is understood that an effort will be made to notify ME (same person as signature below) OR the following person:

Name: _____ Phone: (_____) _____

If above such action is taken, and it is impossible to locate me or the above named, the uninsured responsibility and expense of this service will be accepted by me.

Signature of Parent or Legal Guardian: _____ Date: _____

In the event of accident or injury, my child is properly and amply insured by the policy listed below:

Medical Insurance Carrier/Co. _____

Policy # _____

PHONE NUMBERS

Home _____ Emergency _____

Father's Work (_____) _____ Mother's Work (_____) _____

Father's Cel. (_____) _____ Mother's Cel. (_____) _____

Email: _____

CAMPER INFO

Please print clearly. _____ Update file

Camper's Name: _____ Birthdate: (Month/Date/Yr) _____

Address: _____

City: _____ State: _____ Zip: _____

How did you hear about us? _____ Friends _____ Taken Class Before _____ Internet _____ Shoreline Newspaper
_____ Rec.Dept. _____ Newspaper Mailing _____ Referral _____ Other: _____

