



NEWPORT SEA BASE **YOUTH** APPLICATION

1931 West Coast Hwy, Newport Beach, CA 92663 Phone: (949) 642-5031 | Fax: (949) 650-5407

Please check the box next to the appropriate session and complete the waiver of liability form for each participant.

Winter
 Spring
 Summer
 Fall
 Aqua Cub
 Twilight Canoe Tour

First Time Newport Sea Base Participant

Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Sex: _____ Unit (if applicable): _____ Rank (if applicable): _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Home Phone: _____ Work/Cell Phone: _____

Father's Name: _____ Home Phone: _____ Work/Cell Phone: _____

Email Address (confirmation will be sent to your email address): _____

In the event we are unable to reach you, please provide two (2) additional emergency contacts:

Name	Phone	Relationship to child

Name	Phone	Relationship to child

Pictures may be taken of your child while at the Newport Sea Base for use in promotional publications. To grant permission, please initial here: _____

PAYMENT METHOD (Check One):

Cash
 Personal Check
 Visa
 MasterCard
 Discover
 American Express

*Make checks payable to **ORANGE COUNTY COUNCIL, BSA** (if paying with cash, you must register in person).*

Card Number: _____ Exp. Date: _____

Print name as it appears on card: _____

Mandatory Signature: _____

CLASSES	DATES	TIMES	FEES
Total Payment			

Refunds will only be given for written cancellations up to two weeks prior to the start of class. A \$20 administrative fee will apply to each class cancelled.
 Class changes are permitted on a space-available basis only, and a \$10 administrative fee will apply to each class change.



YOUTH WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

The undersigned parents or legal guardians (hereafter referred to in the singular) of _____ (hereafter referred to as the "child"), request that the child be allowed to participate at the Orange County Newport Sea Base [hereafter referred to as the "Sea Base"] in the Program Activities (hereafter referred to as "the activities"). This agreement shall remain in effect until the Sea Base receives written notice of the cancellation of the consent or until the end of the activities described above. In return for the child being permitted to take part in the activities and to use the facilities and property of the Sea Base, each of us makes the following promises and warrants the truth of the following facts:

1. I am familiar with the programs included in the activities, and I understand the employees of the Sea Base are available to discuss the activities if I should wish additional information. I also understand I am solely responsible for the arrival and departure of my child at the beginning and end of each day's program. I will not allow my child to remain on the premises of the Sea Base before or after each day's program without appropriate supervision or the written permission of the Sea Base. I agree the Sea Base will have no responsibility for the supervision of my child at times other than during the scheduled activities. I will inform my child that he/she is expected to cooperate with, and follow the direction of the persons in charge of the activities, and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights and property of others.

[Please initial to indicate you have read this paragraph. _____]

2. My child is in good health, and I know of no reason why he/she would be incapable of participating in the activities. My child knows how to swim. I will immediately notify the designated Sea Base supervisor if a change in my child's health or other condition would affect my child's ability to participate in the activities.

[Please initial to confirm your confidence in their ability. _____]

3. WAIVER OF LIABILITY: I waive and release any right I, my heirs, distributees, guardians, legal representatives, and assigns may have or acquire to make a claim against, sue, attach the property of, or prosecute employees and affiliated organizations, specifically the Orange County Council Boy Scouts of America and the County of Orange (herein referred to as "the releasees") for monetary damages caused by injury to my child or myself arising from my child's participation in the activities and the use of the facilities and property of the Sea Base, whether or not the injury or damage results from the negligent acts or omissions, except intentional acts, of any of the releasees.

[Please initial to indicate you have read this paragraph. _____]

4. ASSUMPTION OF RISK: I am aware that the activities may involve maneuvering a boat, sailboard or other watercraft on deep waters in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep waters, and collision with other watercraft or stationary objects such as docks, pilings and buoys. With knowledge of the dangers involved, I voluntarily ask that my child be allowed to take part in the activities. I ACCEPT ANY AND ALL RISKS TO MYSELF AND MY CHILD OF INJURY, DEATH, AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF THE SEA BASE, WHETHER OR NOT CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS, EXCEPT INTENTIONAL ACTS, OF ANY OF THE RELEASEES.

[Please initial to indicate you have read this paragraph. _____]

5. INDEMNITY AGREEMENT: I agree to indemnify and hold the releasees harmless from any loss, liability, damage, or cost, including reasonable attorneys fees, that may occur due to either my child's or my participation in the activities and use of facilities whether or not such loss, liability, damage, or cost results from the negligence or other action, except intentional acts, of any of the releasees.

[Please initial to indicate you have read this paragraph. _____]

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES A WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASEES, AND I SIGN IT OF MY OWN FREE WILL.

Signature: _____ Print Name _____ Date: _____

Health History

Name of Family Physician/Christian Science Practitioner: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Insurance Co. _____ Policy No.: _____

Has your child ever been treated for: Heart Trouble: _____ Asthma: _____ Epilepsy/Seizures: _____ Hemophilia: _____ Diabetes: _____

ADD/ADHD: _____ High Blood Pressure: _____ Cancer/Leukemia: _____ Kidney Disease: _____

Any Vision or Hearing Defects: _____ Does he/she wear contact lenses: _____ Date of last physical examination: _____

List any Physical or Behavioral conditions that may affect/limit participation in water sport activities: _____

List any allergies (medications, bee stings, etc.): _____

List any medications currently taking or recently stopped taking: _____

Give Date of Last Inoculation for: Tetanus _____ Toxoid _____ Pertussis _____ Mumps _____ Polio _____

Diphtheria _____ Measles _____ Rubella _____

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. *This Newport Sea Base activity is sponsored through the Learning for Life Character Education Program. By enrolling, your child will be included in annual Learning for Life membership figures. By signing this waiver, you are agreeing to your child's inclusion in the program.*

Signature: _____ Print Name _____ Date: _____