## Sea Scout Ship 1610 Event Registration and Liability Waiver

Event Registration and Liability Waiver					
What:	Fast Cruise – Weekend Sailing Trip around Ft. Monroe				
When:	Muster:	Location	Date	Time	
		Old Point Comfort Yacht Club	Friday April 12, 2019	1900	
	Dismissed:	Old Point Comfort Yacht Club	Sunday April 14, 2019	1000	
Cost:	\$15 Due on Friday night for food.				
Schedule:	Friday 1900 Meet at OPCYC 2000 Supply Run 2100 Knots (Taliesin) 2130 Safety (Collin) 2200 Free time 2300 Lights out	Saturday 0700 Breakfast 0800 Boat Handling (Kyle) 0830 Anchoring (Andrew) 0900 Underway Practice Raising & Lo Reefing, Heaving To, 1200 Anchor & Raft Up, Wo 1300 Dock 1400 Swimming 1630 Dinner Cooks Muster 1630 Navigation (Jonathan) 1730 Dinner & Cleanup 2000 Environment (Astanzi) 2030 Weather (Nevaeh) 2100 Movie 2300 Lights out	Anchoring rking Lunch	ion	
<ul> <li>Leader in Charge is Norm Effinger; cell phone 757-714-1348; email <a href="mailto:nte@cox.net">nte@cox.net</a>. Patsy Tiemsin is the responsible person ashore; cell phone 757-927-2323.</li> <li>Pictures may be posted on our Facebook page: <a href="mailto:www.facebook.com/groups/ship1610">www.facebook.com/groups/ship1610</a></li> </ul>					
What to bril  Sunscreen (SI  Sunglasses  Sailing gloves  Swimsuit  Towel  Extra clothes  Water bottle  Deck shoes	⊟ Hygien	eather jacket e kit c Camera al first aid kit c Snacks g bag c Bug repellant ght c Cell phone chargease	Firearms Illegal Drugs Alcohol ger Tobacco/Vape	Imanac pril 13, 2019 unrise 0634 unset 1938 oon 50% o Tide 1043 Tide 1634	
Keep this portion for your records					
EVENT	Detach this portion and return to Ship 1610 Skipper  EVENT  DATE				
Fast Cruise – Weekend Sailing Trip around Ft. Monroe				April 12-14, 2019	
PARTICIPANT NA	AME	EMERGE	NCY CONTACT/NUMBER		
HOLD HARMLESS AGREEMENT  The participant named above has permission to participate in this event. I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.					

In case of emergency involving myself or my child, I understand every effort will be made to contact the listed emergency contact. In the event that the emergency contact cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

DATE

SIGNATURE (Or Parent if Under 18)