**2015 SPRING Dogfish HS Sail Racing Team**

This is our return to HS Sailing competition! Practices will start the week of Feb 18, 3pm, Port of Poulsbo. Swim test and capsize drill will be conducted first day. Practices will be routinely twice per week, at Port of Poulsbo, Mondays and Wednesdays.

Please mail completed form to:
City of Poulsbo P&R, HS Sailing,
200 NE Moe Str., Poulsbo, WA 98370

**FOR MORE INFO, CALL**
City of Poulsbo Parks and Recreation
360-779-9898
Fax: 360-779-5917 or contact by email to: jschiel@cityofpoulsbo.com

**Fee:** $129 Seasons of experience: ___ Sailed on a school racing team? yes ___ no ___

PRINT FULL NAME CLEARLY GRADE
PLAYER ADDRESS/CITY/ZIP
HOME PHONE AGE BIRTHDATE SCHOOL ATTENDED

PARENTS - Please print legibly! TEE SHIRT SIZE

___ Parent Initials here indicating review of concussion information, as provided on the City of Poulsbo Sports website: [https://www.cityofpoulsbo.com/parks/documents/concussioninformation.pdf](https://www.cityofpoulsbo.com/parks/documents/concussioninformation.pdf)

Parent(s) / Legal Guardian Assumption of Risk, Waiver and Release
I (we) am/are the parent(s) or legal guardian of ____________________________ (Child’s Name) who desires to be a participant in the City of Poulsbo’s sponsored recreational activity of ________________ Sail_Racing_Team, regattas, team & individual practices ________________ (Describe)

It is important to me (us) that this child be allowed to participate in this activity. I (we) understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child’s participation in this activity. Being fully informed as to these risks and in consideration of the City of Poulsbo allowing my child to participate in this sponsored activity and/or use of the City of Poulsbo’s facilities I (we), on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of the City of Poulsbo’s facilities. I (we) further agree, individually and on behalf of the above-named child, to release and hold harmless the City of Poulsbo, its officials, employees, volunteers and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the Child’s voluntary participation in this activity. I (we) grant my (our) full and voluntary consent for the above-named child to participate in the activity described.

I hereby consent to allow my child’s picture or likeness to appear in any official document, Member website, sponsor advertisement and/or Member produced television coverage of sponsored recreational activity without compensation to me.

Parent(s) / Legal Guardian Signature(s) Date Parent(s) / Legal Guardian Printed Name(s) Date

Parent(s) / Legal Guardian Address Email Phone/cell

Child Participant Address Phone
Athletic Registration Form 2014-15

Section I: Information

Student name (print legibly) ____________________________________________________________

(Last)      (First)   (Middle Initial)

☐ Male     ☐ Female Grade in Sept 2014 ___ Date of Birth:_______ Sport(s):________________________

Address:_________________________________________ City: ___________ Zip Code:_______________

Mother’s name: __________________ Home Phone_________________ Bus/Cell. Ph________________

Father’s name: __________________ Home Phone:_________________ Bus/Cell. Ph:________________

Parent e-mail: ______________________________________ Date of enrollment in NKSD:_____________

School attended last year  ☐ KHS  ☐ NKHS  ☐ KMS  ☐ PMS  ☐ Other __________

Are you a transfer student? ☐ Yes  ☐ No

Were you under any conditions of ineligibility when you left your previous school? ☐ Yes  ☐ No

Are you a foreign exchange student? ☐ Yes  ☐ No

Are you being home schooled? ☐ Yes  ☐ No  Date of registration at your school:_______

Are you a Running Start student? ☐ Yes  ☐ No

How many credits are you taking? __________

Are you a Parent Assisted Learning (PAL) student? ☐ Yes  ☐ No

Counseling Office notified: ☐ Yes  ☐ No

Are you a 5th year student? ☐ Yes  ☐ No

Section II: Student Handbook

Signing confirms that we have read and agree to abide by the contents of the NKSD Student Athletic Handbook. I/we are aware that by signing this Athletic Registration, I/we are acknowledging notification of the code of conduct which is applicable throughout attendance in the NKSD and not solely for the sport season. (Handbook is available upon registration and/or on the NKSD website.)

Student-athlete signature: __________________________________ Date: __________

Parent/Guardian signature: _________________________________ Date: __________

Section III: Concussion Information

Signing confirms that we have read and are aware of what concussions are, the signs and symptoms of a concussion, and what you should do if your student-athlete receives a concussion.

Student-athlete’s signature: _____________________________ Date: __________

Parent/Guardian signature: _______________________________ Date: __________

Rev. 2/12/2015
Emergency Insurance Information & Consent 2014-15

Athlete’s Name: ____________________________ Phone: ____________________________ Sport(s): ____________________________

Address: ____________________________ City: ____________________________ State: ____________________________ Zip: ____________________________

Parent/Guardian Name(s): ____________________________ Employer: ____________________________

Address: ____________________________ City: ____________________________ State: ____________________________ Zip: ____________________________

Home Phone: ____________________________ Work Phone: ____________________________ Cell: ____________________________

Emergency Contact: ____________________________ Phone: ____________________________

Each student participating in athletic activities is required to have medical insurance that covers injuries. I understand that NKSD does not provide medical insurance for student injuries, but does make available information about student accident/health insurance that you may purchase.

Family Health Accident Insurance
Carrier: ____________________________
Group#: ____________________________ Policy #: ____________________________ ID#: ____________________________

Family Physician: ____________________________ Phone: ____________________________
Address: ____________________________ City: ____________________________ State: ____________________________ Zip: ____________________________

Any serious medical conditions? ____________________________
Allergies? ____________________________

I/We hereby grant consent to any and all health care providers designed by NKSD to provide my child (name) ____________________________ any necessary medical care as a result of any injury/illness. My insurance ____________________________ (does / does not) cover sports. I understand and agree that medical information may be shared with other healthcare professionals and athletic department personnel. I will notify the school in writing of any changes or cancellation of my insurance.

__________________________________________
Parent Signature

__________________________________________
Date
**Pre-participation History & Physical Examination Form**

Name ___________________ Birth Date _____________
Address ___________________ Phone ___________________
City/State ___________________ Zip _____________
Sport(s) ___________________ Grade _____________ School ___________________

**History**

*Please explain any “yes” answers below.*

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**Assessment**

[ ] Full Participation

[ ] Limited Participation (describe limitations/restrictions)

[ ] Participation contraindicated (list reasons)

**Recommendations (equipment/taping/rehabilitation, etc.)**

**Will this physical be acceptable for High School Sports?** [ ] Yes [ ] No

**Examiner’s Printed Name** ___________________ **Date** _____________
**Examiner’s Signature** ___________________ **Phone** ___________________

**Parent Signature** ___________________

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**Medical Authorities licensed to give pre-participation physical examination:** Medical Doctor (MD), Doctor of Osteopathy (DO), Certified Nurse Practitioners (CRN), Physical Assistant (PA), Naturopaths (ND)

Rev. 2/12/15
Team Dogfish High School Sailing 2015 Roles and Responsibilities Form

The responsibilities of Parks and Recreation:
- Provide leadership and administrative support through its Junior Sailing Program and its Parent Coordinators
- Provide and Maintain sailboats and support boats in good condition.
- Use its best efforts to purchase new boats and equipment

The Coaches’ Responsibilities:
- Provide the highest standards of instruction and example for the sailors
- Treat each sailor with respect and attention, without regard for personal preference or prejudice and promote teamwork and individual growth
- Provide direction and discipline at all times to ensure the safety of the sailors.
- Ensure that all equipment and facilities are in as good condition as possible for the sailors’ use.

The Sailor’s Responsibility:
- Arrive on time, ready to sail and be free of alcohol and drugs in the program. Anyone caught using drugs or alcohol on the premises or at any regatta, including off the water will be subject to discipline by the director and the parent coordinators, which could mean expulsion from the program.
- Rig, Sail, and Cleanup to the best of their ability at all times
- Be available to load and unload boats when necessary for their team.
- Treat their teammates, parents, coaches and competitors with respect. Remember that as a member of the High School Program you are representing your High School and the City of Poulsbo.
- Unsportsmanlike conduct, physical/verbal aggression, harassment, theft, or abusive behavior will not be tolerated.
- Treat all Club equipment and facilities with care and respect and will be held financially liable for their actions, if damage is the result of negligence

The Parent’s Responsibilities:
- Provide whatever volunteer support they can within their means, with loading boats, towing, transportation, and regatta help.
- Be willing to be the parent chaperone for their team and provide whatever is necessary in this area.
- Support the sailors with guidance and logistical support and transportation necessary to enable them to compete, while maintaining their physical well being.
- Support the coaches in their daily decisions, refraining from undermining the authority of the Coaches.

Team Parent Coordinator Responsibilities: Each HS team sailing must have a designated Team Parent Coordinator, whose responsibilities include:
- Interface with their High School's athletic department or administration, as needed
- Coordinate regatta participation, logistics and parent chaperone for their HS at each regatta
- Handle regular communications with their team members

Agreement
I have read the attached High School Sailing Agreement Form and I agree to abide by these rules, will take them home, share them with my parents and conduct myself in both the letter and Dogfish Spirit of the rules.

___________________________________________________________________________________
Sailor Name                                                      Sailor Signature                                                      Date

________________________________________________________________________________________
Parent Name                                                      Parent Signature                                                      Date