



# CBYC Sailing School Medical Information Form and Waiver Adult

*This information is collected for sailing school purposes only. It will not be divulged to any third party except to a medical professional in the event of an emergency.*

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Ontario health card: \_\_\_\_\_ Family doctor: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone number (daytime): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Does the you suffer from any of the following?

- |  |   |
|--|---|
| <input type="checkbox"/> Seizures or convulsions | <input type="checkbox"/> Blackouts or fainting spells   |
| <input type="checkbox"/> Heart problems          | <input type="checkbox"/> Asthma or respiratory problems |
| <input type="checkbox"/> Food, insect allergies  | <input type="checkbox"/> Other medical issues           |

Is the student allergic to any medication?  Yes  No

Is the student taking any medication?  Yes  No

Provide details, if applicable: \_\_\_\_\_

Are your vaccinations up to date?  Yes  No

Indicate any activity restrictions: \_\_\_\_\_

### Waiver of liability

I, \_\_\_\_\_ (print full name) (“the participant”) hereby agree to indemnify and hold the “Collins Bay Yacht Club Sailing School” and “Collins Bay Yacht Club” and “Collins Bay Marina” harmless from and against any and all claims for personal injury to the participant or any other persons, or damage to any persons property, caused in connection with the participants use, operation or possession of any watercraft or participation in any activities within the Sailing School program.

The participant hereby waives any right to commence any action or proceeding against the “Collins Bay Yacht Club Sailing School” or “Collins Bay Yacht Club” or “Collins Bay Marina”, their agents, employees, or representatives, for any action, cause of action or claim in any way arising in any way including negligence on behalf of the “Collins Bay Yacht Club Sailing School” or “Collins Bay Yacht Club” or “Collins Bay Marina”, from the participant’s use, operation or possession of any watercraft or participation in the Sailing School activities.

Further I authorize staff of the Collins Bay Yacht Club Sailing School to take me for medical attention if I become sick or injured while at the sailing school and unable to look after myself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness name: \_\_\_\_\_ Signature: \_\_\_\_\_

Mail your registration, medical information and photo consent forms and cheque to:

**Collins Bay Yacht Club Sailing School**  
**P.O. Box 20060**  
**775 Strand Blvd.**  
**Kingston ON K7P 2S7**



## 2022 Adult Program – COVID Safety

The health and safety of all our sailors, instructors, staff, volunteers, and club members is the top priority of our organization. The majority of activities will be run outside, with as little time spent inside as possible. That said, the nature of sailing is such that it is not always possible to maintain social distancing or masking while on the water, particularly in a small keelboat cockpit. **For this reason, all participants and staff must be fully vaccinated, or possess a valid medical exemption in accordance with the Province of Ontario.**

At the time of planning, our 2022 COVID procedures include, but are not limited to, the following:

- proof of full vaccination for all coaches and sailors;
- the separation of programs (participants and instructors) into limited cohorts, which will remain socially distanced from other program cohorts;
- masks worn during briefing/debriefings and whenever onshore and appropriate social distancing cannot be maintained;
- enhanced cleaning; and
- daily COVID screening before arrival on site.

We will continue to follow official guidelines and recommendations from the [Public Health Agency of Canada](#), the [Province of Ontario](#), [KFL&A Public Health](#) and [Sail Canada](#), as well as any COVID safety protocols in effect for Collins Bay Marina.

Student name: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_