

Big Island Sailing Foundation a 501c3 Charitable corporation

and Aloha Community Sailing

Promoting youth sailing in Hawaii

Honokohau Harbor based sailing for 12-18 year olds 9am -3pm* Time may vary

Participant's Name: _____ register for: _____ 2025

Parent/Guardian email: _____

I agree to abide by the rules set forth by the sailing instructors; to take my safety and that of the boat & other sailors as my highest priority; to leave the boat shipshape and the shore clean; be ready to have fun and learn. If I do not abide by rules, I understand my parents will be notified.

Participant signature: _____ Age: _____

5 day Fee \$200; 4 day Fee \$165; 3 day fee \$125; Daily fee \$42.50 with 2 day min.

Sail own boat \$10/day \$50 deposit required to hold your child's spot in the camp.

Possible-discounts for advanced/assistant sailors or scholarships

PARENT / GUARDIAN RELEASE AND INDEMNITY

I hereby authorize _____ to participate in the Aloha Community Sailing/KSC sailing program 2025 Teen Program. In consideration of my child's or my own participation and use of BISF's boats, Kona Sailing club facilities and State of Hawaii harbors, I hereby release and relieve and agree to indemnify and hold harmless the Big Island Sailing Foundation, Aloha Sailing LLC dba Aloha Community Sailing, their officers, directors, trustees, members, and agents; the State of Hawaii, Dept. of Land & Natural Resources and its employees, with respect to any and all claims for property damage, personal injury, death or consequential loss or damage arising out of or incident in the use of any boat or equipment BISF owned or otherwise, in said Sailing Program or use of Club/Foundation/State of Hawaii property in connection herewith by myself whether said injuries, death or other damage are suffered as a consequence of negligence on the part of said Club/Foundation, its officers, directors, trustees, members, agents, or otherwise.

(Parent/Guardian Signature) (Print Name) Date _____

Address: _____ Cell: _____

Yes or NO Do you authorize the use of photos of your child/no names, on BISF website or facebook page?

EMERGENCY AND MEDICAL INFORMATION

In case of emergency notify: _____

Telephones: Home _____ Cell _____

Medical Health Plan _____ Number _____

Medical Facility _____

Physician _____ Phone _____

Known allergies or medical problems _____

Do you have a history of or do you currently have any physical limitations that might prevent you from fully participating in this sailing class? No _____ Yes _____

If yes, please explain _____

List any medical factors that would be pertinent in emergency treatment (Allergies, blood type, date of last tetanus injection) _____

Make payments to: Aloha Community Sailing, Zelle, PayPal Alohasailing@yahoo.com as a Friend or Check mail to: 72-4019 Mamalahoa Hwy, Kailua Kona HI 96740