



PARTICIPANT CONSENT FORM

Date (MM/DD/YY):

Box for date entry

This form must be completed and signed before participating in any Shake-A-Leg Miami activity

Please use BLOCK letters

Name:

Name grid with labels: Title, First, Middle Initial, Last

Address:

Address grid

Date of Birth (MM/DD/YY):

Date of Birth grid

City:

City grid

State:

State grid

Zip:

Zip grid

Tel.:

Phone number grid with H, W, C labels

E-mail Address:

Community Group Name (if applicable):

VAC C CAMP MCH grid

Status:

Status options: Participant, Instructor, Volunteer Skipper, Volunteer AB, Student, Other

Activity:

Activity options: Sailing, Kayaking, Community Service, Powerboat

Demographic:

Demographic options: Non-Hispanic Black, Hispanic, Non-Hispanic White, Asian

Segment:

Segment options: Youth, Youth Group, General Community, University, Disabled

Disability:

Disability options: Physically Disabled, Developmentally Disabled, Blind, Head Injury, Deaf

Can you swim? Yes No

Parent Signature

Are you currently under doctor's care?

Yes No checkboxes

Are you prone to startle reflex or seizures?

Yes No checkboxes

Emergency Contact Name

Emergency Contact Name grid with Title, First, Last labels

Emerg. Tel.:

Emergency phone number grid with H, W, C labels

Where did you find out about Shake-A-Leg Miami?

Source options: Miami Herald, Television, School, Sign (drive by), Other, Miami New Times, Internet, University, Friend, Other newspaper, Brochure/Flyer, Community Group, Relative, Radio

Legal disclaimer text regarding liability and consent

PARTICIPANT SIGNATURE:

Participant signature box

UNDER 18 Participants Or Participants unable/incapable of Signing:

I, _____, hereby affirm that my child/ward or other person above, has permission to participate in the Shake-A-Leg Miami water sports program.

GUARDIAN/AIDE NAME

Guardian/Aide Name grid with First, Last labels

GUARDIAN/AIDE SIGNATURE:

Guardian/Aide signature box

Relationship:

Relationship box