

**2017 Sailing Program Application  
Carolina Yacht Club**

Sailor's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

Previous Sailing Experience \_\_\_\_\_

Will Sailor Provide a Boat? Y or N Type of Boat \_\_\_\_\_

Is this child currently on a 504 plan? \_\_\_\_\_

Parent's Email Address \_\_\_\_\_ Student's Email Address \_\_\_\_\_

\*If a non-member, sponsoring member \_\_\_\_\_

**Sailing Lessons and Fees (Please Circle)**

**Member/ Nonmember**

Spring HS 420 (9th-12th grade) ( March 13-May 19)..... \$75 / \$100

Spring Opti Race Team ( March 13-May 19)..... \$75 / \$100

Opti Beginning .....\$365 /\$440

( June 5-June 9  June 12-June 16  June 19-June 23  June 26 - June 30  July 3-July 7

July 10-July 14  July 17-July 21  July 24-July 28  July 31 - August 4

Opti Intermediate..... \$365 /\$440

( June 19-June 23  July 10-July 14  July 31-August 4)

Opti Advanced.....\$365 /\$440

( June 5-June 9  June 26-June 30  July 17-July 21)

420 Beginning ( June 26-June 30  July 17-July 21)..... \$365 /\$440

420 Intermediate ( June 19-June 23  July 3-July 7  July 17-July 21)..... \$365 /\$440

420 Advanced  July 31-August 4..... \$365 /\$440

Adventure Sailing ( June 12-June 15  July 3-July 6  July 10-July 13.....\$250 / \$300

HS Adventure Sailing ( June 5-June 8  July 24-July 27 ..... \$250 / \$300

Laser/Sunfish ( June 19-June 23  June 24-June 28)..... \$365 /\$440

Race Camp ( July 31-August 4)..... \$75

Race Team ( June 5-August 11 ).....\$600\*\* /\$650\*\*

\*\* (Additional \$100 dollars for race team members without their own boat after their first year on the Race Team.)

**Total** \_\_\_\_\_

**Method of Payment** (check one that applies)

Club Account \_\_\_\_\_ Account Number \_\_\_\_\_ Check \_\_\_\_\_ Check Number \_\_\_\_\_

# MEDICAL RESPONSE INFORMATION AND CONSENT FORM

Minor's full name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date of birth: \_\_\_\_\_

## ***People to contact in case of emergency:***

Father's telephone: Home: \_\_\_\_\_ Office: \_\_\_\_\_

Mother's telephone: Home: \_\_\_\_\_ Office: \_\_\_\_\_

Other (name below): Home: \_\_\_\_\_ Office: \_\_\_\_\_

Name of other person: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

## ***Medical Information:***

### **Allergies:**

\_\_\_\_\_  
\_\_\_\_\_

Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_

Medications taken Regularly:

\_\_\_\_\_  
\_\_\_\_\_

Other information that may be helpful in case of an emergency:

\_\_\_\_\_  
\_\_\_\_\_

## **Authorization and consent to treatment of a minor**

I, the undersigned parent/guardian (circle one) of \_\_\_\_\_  
(minor's full name) hereby consent to any medical and/or surgical treatment, diagnosis, anesthesia and hospital care which is deemed advisable by, and is to be rendered under the general and special supervision of, any physician licensed under the provision of the law of the state in which the said physician practices.

It is understood that this authorization and consent is given in advance of any specific diagnosis or need for treatment, but is provided to give authority to such physician and medical facilities in advance in the event that any such medical and/or surgical treatment, diagnosis, anesthesia or hospital care is deemed necessary by the above described physician.

I am aware that hospital procedures as well as the practice of medicine are not exact science and I acknowledge that there is no guarantee expressed or implied as to the results of such diagnosis, examination or other procedures carried on by such physician and /or hospital.

I acknowledge that the efforts of Carolina Yacht Club and those acting on its behalf in connection with any such medical situation do not constitute an acceptance or acknowledge by Carolina Yacht Club or any such individual acting on its behalf or responsibility for the medical situation involved, the result or any such treatment or care, or financial responsibility for such treatment or care

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

Printed Name: \_\_\_\_\_

## WAIVER

We, the undersigned being an applicant for admission to the Carolina Yacht Club Sailing School and a parent/guardian of the applicant, do hereby acknowledge that participation in the sailing school and/or racing program poses certain inherent risks which cannot be avoided and acknowledge that we are accepting those risks.

In consideration of the acceptance of applicant's application, we release and forever discharge the Carolina Yacht Club, its Officers, its Board of Directors, Sailing School Committee, their servants agents and employees, from any claim for property damage, injury or death arising out of or during the course of any participation in the Sailing School Program. We represent that we have and will maintain sufficient coverage under our homeowner's or tenants liability insurance policy for any negligent acts of applicant in his/her pursuance of school activities.

We further certify that, to the best of our knowledge, the applicant is in good physical condition and suffers from no physical, emotional or mental impairment, which would adversely affect his/her ability to safely participate in sailing activities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Parent/Guardian of Applicant

## **PARTICIPATION AGREEMENT**

The Basic Sailing course you are about to begin is an exciting and demanding challenge, but you need to be aware of what will be involved and be willing to study and practice to achieve success.

A swim test is required of all students, which consists of swimming 50 yards in the waters of the area you will be sailing in, in sailing clothing and footwear. The attached student registration and medical and emergency information form must be completed and signed by you or your parents.

You will be required to provide a life jacket (vest type) which should be Coast Guard approved, the proper size for your weight and build, and be form fitting and comfortable, as you will be wearing it at all times during the course. Put your name on it with waterproof ink. Bring a change of clothes, a towel, a lined notebook for note taking, two pencils, and a waterproof felt tip pen to each lesson.

I understand that in entering this sailing course I agree to obey all program rules as set forth by the program director and the instructors, that I will use utmost care in the use of the boats and equipment, and that I will not engage in any horseplay or other disruptive behavior. I understand that failure to attend regularly, arrive promptly, and abide by the rules may result in my suspension from the program.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_