

2010 SBYC Sailing Program Registration Form - Juniors (More on Reverse Side) Please Print Clearly

Name _____ Email _____

Parents Name(s) _____

Summer Address _____

Winter Address _____

Phone (Summer) _____ (Winter) _____

Date of Birth _____ Height _____ Weight _____

CLASS REQUEST For 1st Session June 28 - July 23 (no classes July 5)
 (Choose One) 2nd Session July 26 - August 20
 Full Season (Both Sessions)

Opti Beginner - \$375.00 per session

- Opti Beginner A - Monday 8:30-11:30, Tuesday 12:30-2:30, Thursday 9:30-11:30
- Opti Beginner B - Monday 12:30-2:30, Wednesday 8:30-11:30, Thursday 12:30-2:30

Opti Intermediate - \$400.00 per session

- Monday 2:30-5:30, Tuesday 8:30-11:30, Friday 8:30-11:30

Opti Expedition Sail - \$375.00 per session

- Monday 2:30-5:30, Tuesday 8:30-11:30, Friday 8:30-11:30

Opti Introduction to Race - \$450.00 per session

- Tuesday 2:30-5:30, Wednesday 12:30-4:30, Thursday 2:30-5:30, Friday 12:30-4:30
- Private Boat (please check if planning on using a private boat)

Opti Racing Team* - \$475.00 per session - Program Director Approval Required

- Tuesday 2:30-5:30, Wednesday 12:30-4:30, Thursday 2:30-5:30, Friday 12:30-4:30
- Private Boat (please check if planning on using a private boat)

420 Beginner - \$375.00 per session

- Monday and Wednesday 8:30-11:30, Thursday 12:30-2:30

420 Intermediate - \$375.00 per session

- Monday and Wednesday 8:30-11:30, Thursday 12:30-2:30

Adventure Sail - \$375.00 per session

- Tuesday 12:30-2:30, Wednesday 12:30-4:30 and Friday 8:30-11:30

420 Introduction to Race - \$450.00 per session

- Monday 12:30-2:30, Tuesday 8:30-11:30, Thursday 8:30-11:30, Friday 12:30-4:30

420 Racing Team* - \$475.00 per session - Program Director Approval Required

- Tuesday 2:30-5:30, Wednesday 12:30-4:30, Thursday 2:30-5:30, Friday 12:30-4:30

Laser Clinic - \$25.00 per day - (you need to provide your own boat)

- Monday 2:30-5:30

Enter Your Payments	
Tuition	_____
Dues \$74.00 (required)	_____
Check if already paid <input type="checkbox"/>	
Donation*	
<input type="checkbox"/> Unrestricted	_____
<input type="checkbox"/> Scholarship Fund	_____
Total	_____

***We encourage members of the 420 & Opti Race Teams to make a full season commitment.**

Important – Please include separate payment and registration form for **each student**. Please make checks payable to SBYC Sailing Program & Scholarship Fund, Inc.

* An additional tax-deductible gift will assure continuation of this program at the lowest possible fees

JUNIOR SAILORS

WAIVER OF LIABILITY AND MEDICAL CONSENT/INFORMATION FORM

Junior Sailor's Name: _____ DOB: _____ Male: ___ Female: ___
Parent/Guardian Name: _____ Telephone # (h) _____ (w) _____
Medical Insurer: _____ Insurer Tel # _____
Subscriber's Name: _____ Policy/subscriber # _____
Family Doctor: _____ Phone: _____
Emergency Contact: _____ Phone: _____ Relation to child _____

Please fully describe all medical needs or concerns:

Date of last tetanus shot: _____ Allergies: _____
Current medications: _____ Drug Allergies: _____
Physical Challenges: _____ Learning Disabilities: _____
Worries/Fears: _____

(PLEASE ATTACH ANOTHER SHEET IF ADDITIONAL SPACE IS NEEDED)

The undersigned hereby acknowledges that the execution of this Agreement is a condition of the participation of the Junior Sailor in Sandy Bay Yacht Club's Junior Sailing Program ("Program"). The undersigned accepts that the sport of sailing and the conduct of the Program entail and are subject to certain inherent risks and on behalf of the Junior Sailor, the undersigned accepts all risks on land and at sea of participation in the Program. Now, therefore, the undersigned does hereby agree as follows:

1. The undersigned voluntarily consents to Participation of the Junior Sailor in the Program and agrees that this Agreement will extend to the Sandy Bay Yacht Club Sailing Program & Scholarship Fund, Inc. ("SSP") and the Sandy Bay Yacht Club, Incorporated ("SBYC").
2. The undersigned voluntarily consents to participation of the Junior Sailor in regattas and sailing events which are a part of the Program ("Regattas") and agrees that this Agreement will extend to the benefit of yacht/sailing clubs/associations which are the host to or are the venue of such sailing events and Regattas ("Host Clubs") and to the Mass Bay Sailing Association.
3. The undersigned waives any claim against and releases any obligation of SSP, SBYC, each Host Club and the Mass Bay Sailing Association and all of their respective members, officers, directors, employees and agents and all persons serving as members of the Race Committees or Juries, or any other person acting in any capacity for the conduct of the Program or any Regatta (each an "Indemnified Person") to the Junior Sailor or the undersigned, including any claims for personal or bodily injury, or to the boat or other property of the undersigned or the Junior Sailor, to the fullest extent permitted by law.
4. The undersigned agrees to reimburse SSP, SBYC and each Indemnified Person for any loss or damage to property, and to indemnify and hold SSP, each Host Club, the Mass Bay Sailing Association and each Indemnified Person harmless from any claim, loss or injury caused by the intentional act, negligence, misconduct, or failure to exercise reasonable care by or of the Junior Sailor, including costs and fees.
5. The undersigned agrees to obtain and read a copy of the SSP Student-Parent Handbook.
6. During sailing lessons and at other times while at the Club or at Club functions elsewhere, SSP and SBYC's employees and/or members regularly take photographs. These images are used on the SBYC web site and/or to create brochures, videos, promotional or other materials. No names are used as captions. SSP and SBYC do not sell the images or give permission for anyone else to use images taken by SBYC and SSP employees. I authorize use of images of my child for these purposes.

MEDICAL PERMISSION / AUTHORIZATION FOR TREATMENT: The undersigned hereby authorizes an instructor from the Program or an adult who bears this document to authorize emergency treatment for the Junior Sailor in the event that the emergency contact cannot be reached at the above telephone numbers at the time of the emergency.

Date: _____ Signature of Parent or Legal Guardian: _____