



Oceanside Yacht Club  
**Youth Learn to Sail  
Registration Form**

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

**Student**

<b>Name:</b>		M	F	Date of Birth:		Age:	
Street Address:			City:		State	Zip/Postal	
Email:					Current Grade Level:		
Prior Sailing Experience:							

**Parent/Guardian Information (required)**

<b>Mother's Name:</b>			Occupation:			
Street Address:			City:		State	Zip/Postal
Phone: (Home)		(Work)			(Mobile)	
Email:						
<b>Father's Name:</b>			Occupation:			
Street Address:			City:		State	Zip/Postal
Phone: (Home)		(Work)			(Mobile)	
Email:						

**Schedule:** LTS schedules may vary based on wind & weather. You will be advised on the final schedule & start date the weekend before your session.

Beginning		Intermediate	
<input type="checkbox"/> WEEK ONE: July 6-9	9:30AM-2:30pm	<input type="checkbox"/> WEEK ONE: July 6-9	3PM-5PM
<input type="checkbox"/> WEEK TWO: July 13-17	9:30AM-2:30pm	<input type="checkbox"/> WEEK TWO: July 13-17	3PM-5PM
<input type="checkbox"/> WEEK THREE: July 20-24	9:30AM-2:30pm	<input type="checkbox"/> WEEK THREE: July 20-24	3PM-5PM

**Program**

**Cost**

- |                                       |                  |
|---------------------------------------|------------------|
| <input type="checkbox"/> Beginning    | 175.00 / student |
| <input type="checkbox"/> Intermediate | 125.00/student   |

TOTAL FEES:\$ _____	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD	AMOUNT PAID \$ _____
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**Child's Name** \_\_\_\_\_

## **PARENTS' CONSENT & RELEASE FROM LIABILITY**

We/I \_\_\_\_\_ are/am the parent(s)/legal guardian(s) of the above named child. We/I request that our/my child be allowed to participate at all Oceanside Yacht Club junior program activities (collectively referred as the 'programs') and consent to such participation. This agreement will remain in effect until Oceanside Yacht Club receives written notice of the cancellation of consent or until the end of the programs. To use the facilities and property of Oceanside Yacht Club & any San Diego area yacht club, I make the following promises and warrant the truth of the following facts: *(please initial)*

\_\_\_\_\_ **ACKNOWLEDGEMENT OF PROGRAM POLICIES:** We/I am familiar with the programs and understand officers and employees of Oceanside Yacht Club are available to discuss the programs if we/I should wish additional information. We/I am solely responsible for the arrival and departure of our/my child at the beginning and end of each day's activity. We/I will not allow our/my child to remain on the premises of Oceanside Yacht Club and/or any San Diego area yacht club after each day's program without appropriate supervision. We/I agree Oceanside Yacht Club will have no responsibility for the supervision of our/my child at times other than during the scheduled activities. Our/my child will cooperate with and follow the directions of the person(s) in charge of the programs and will act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.

\_\_\_\_\_ **PHYSICAL ABILITY OF CHILD:** Our/my child is in good health, and we/I know of no reason why he/she would be incapable of participating in the programs. Our/my child is a competent swimmer. We/I will immediately notify the designated OYC or any San Diego area yacht club supervisor if a change in our/my child's health or other condition would adversely affect his/her ability to participate.

\_\_\_\_\_ **ASSUMPTION OF RISK:** We/I am aware that the activities may involve maneuvering a boat, sailboard or other watercraft on deep waters in potentially hazardous conditions, which may include, among other things, strong wind, high waves, sudden and unexpected immersion in deep waters and collisions with other watercraft or stationary objects such as docks, pilings and buoys. With knowledge of the dangers involved, we/I agree as follows:

**WE/I ACKNOWLEDGE THAT SAILING IS A HAZARDOUS ACTIVITY AND VOLUNTARILY PERMIT OUR/MY CHILD TO PARTICIPATE IN THESE ACTIVITIES KNOWING THE DANGERS INVOLVED. WE/I HEREBY ACCEPT ANY AND ALL RISKS OF INJURY, DEATH AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES, USE OF THE FACILITIES AND PROPERTY OF THE OCEANSIDE YACHT CLUB, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTION, EXCEPT INTENTIONAL ACTS OF ANY OF THE RELEASEES. WE/I VERIFY THIS STATEMENT BY PLACING OUR/MY INITIALS HERE:** \_\_\_\_\_

\_\_\_\_\_ **RELEASE:** For allowing our/my child to participate in these programs and use the facilities, we/I agree to waive and release any right we/I, my heirs, distributes, guardians, legal representatives and assignees may have or acquire to make a claim against, sue, attach the property of or prosecute Oceanside Yacht Club or any San Diego area yacht club of its members, directors, officers, agents, employees volunteers and affiliated organizations on account injury or damage resulting from the negligence or other acts, however caused, by any employee, agent, member, volunteer or contractor of OYC as a result of our/my child's participation in the programs and use of the facilities and property of Oceanside Yacht Club.

**WE/I HAVE CAREFULL READ THIS RELEASE & FULLY UNDERSTAND ITS CONTENTS. WE/I AM AWARE THAT THIS IS A RELEASE OF LIABILITY & A CONTRACT BETWEEN US/ AND OYC AND SIGN IT OF OUR OWN FREE WILL.**

Executed on \_\_\_\_\_ at \_\_\_\_\_, California

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

## AUTHORIZATION TO CONSENT TO TREAT MINOR

We/I, \_\_\_\_\_, \_\_\_\_\_, am the parent(s) or parent having legal custody or guardian or caregiver and a relative] of \_\_\_\_\_, a minor, who was born on \_\_\_\_\_. Under Family Code Section 6550, I may authorize medical and dental care for \_\_\_\_\_, a minor.

I authorize OCEANSIDE YACHT CLUB, to whom \_\_\_\_\_ (the minor) has been entrusted, to give consent and agree to pay for any emergency medical or dental treatment or care for \_\_\_\_\_, (the minor) under Family Code Section 6910.

This authorization includes the authority to give consent and agree to pay for any emergency medical or dental treatment to be rendered to \_\_\_\_\_ (the minor) under the general or special supervision of a qualified physician, surgeon, or dentist.

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

Persons to contact in an emergency:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medical Insurance:

Plan Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

THE AUTHORIZATION SHALL REMAIN EFFECTIVE UNTIL REVOKED IN WRITING.

SIGNATURE Parent(s) or Legal Guardian) \_\_\_\_\_

Address: \_\_\_\_\_

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

Mother's Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_