

WILLOW BANK YACHT CLUB

2012 JUNIOR SAILING REGISTRATION

Child's Name: _____ Birthday: _____
 Address: _____ Age: _____
 City, St Zip: _____ Siblings taking sailing this summer? _____
 Home Phone: _____ Work/Cell #: _____
 Parent's (or Guardian) Name: _____ Email Address: _____

WBYC Member: YES NO

I understand that no membership privileges are extended with lessons and my child and I are only welcome during actual lesson times.

I am signing my child up for the following sessions: (Initial session is \$140 every additional session is \$130. Initial Session Fee is \$130 if a sibling has already paid \$140 this summer.)
 There is an additional \$40 boat fee per session for Non WBYC Members.

Morning Session:	Session Cost	Boat Fee
1. June 25 to July 6 <i>Mon, Wed & Fri 9AM – 12:30PM</i> <i>(No Class will be held on Wed July 4th)</i>	_____	_____
2. July 9 to July 20 <i>Mon, Wed & Fri 9AM – Noon</i>	_____	_____
3. July 23 to Aug 3 <i>Mon, Wed & Fri 9AM – Noon</i>	_____	_____
4. Aug 6 to Aug 17 <i>Mon, Wed & Fri 9AM – Noon</i>	_____	_____

Afternoon Session:	Session Cost	Boat Fee
1. June 25 to July 6 <i>Mon, Wed & Fri 1PM – 4:30PM</i> <i>(No Class will be held on Wed July 4th)</i>	_____	_____
2. July 9 to July 20 <i>Mon, Wed & Fri 1PM – 4PM</i>	_____	_____
3. July 23 to Aug 3 <i>Mon, Wed & Fri 1PM – 4PM</i>	_____	_____
4. Aug 6 to Aug 17 <i>Mon, Wed & Fri 1PM – 4PM</i>	_____	_____

JUNIOR FLEET: Tues & Thurs 9AM – 4PM
Junior Racing Fleet is open to WBYC Members only (Junior memberships are available) and requires instructor approval Fee for Jr Fleet is \$300 less \$100 discount for sailors sailing their own boat

1. June 26 to Aug 16 _____

Date: _____ Totals: _____

Paid at Registration: _____
 Bill to WBYC Account #: _____

Fax to 655-2432 or bring to Registration at WBYC June 9 or 23, 10am to noon
 Or mail to: Elaine Marshall, 27 Gillette Lane, Cazenovia, NY 13035
 Or Fax to 315-655-2432

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RELEASE FORM

The undersigned is the parent or legal guardian of

Child's Name

Date of Birth

Age

I hereby authorize my child to participate in the Willow Bank Yacht Club Sailing Program. In consideration of the Willow Bank Yacht Club providing sailing instructions to my child, I hereby release, acquit, and discharge the Willow Bank Yacht Club its successors and assigns, its employees, agents, members, volunteers, officers and directors from all claims, demands, actions, causes of action, damages, injuries and cost of any nature or kind whether property, personal injury or bodily injury or any other type of injury or damage that may arise from my child's participation in the sailing program as well as use of the facilities of the Club, and its equipment. This release is on my behalf as the parent or legal guardian and on behalf of my child and any person claiming through my child.

I understand the risks inherent in the sport of sailing and in water sports in general, and in any activity involving children. I attest that my participating child has had swimming instructions and is capable of treading water for five minutes, swimming 25 meters with good form and easy breathing (any stroke) and demonstrates the capacity to alternate floating and treading water for an unlimited period of time. I understand that these skills may help reduce the risks but cannot eliminate them.

I also attest that my participating child is free and unencumbered from any physical or mental impairment and is free of any contagious or infectious disease that might interfere with his or her health or safety during this program.

I give authorization to the Willow Bank Yacht Club for treatment in the event of any accident or injury if I can not be reached.

I have read and attest that the above is true and correct.

Parent or Guardian (Print)

Signature

Date

Home Phone

Other Daytime Phone

Emergency Contacts:

Contact 1: Name: _____ Telephone: _____

Contact 2: Name: _____ Telephone: _____

List Allergies: _____

List Medications currently taking: _____

List Current Medical Conditions: _____

Name and Number of Primary Physician: _____