

# Seattle Yacht Club 2011 Summer Sailing School Registration

Sailor's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Age (at class date): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Primary Contact Email: \_\_\_\_\_  
Mom's Name: \_\_\_\_\_ Home Phone:(\_\_\_\_) \_\_\_\_\_ Work/Cell Phone:(\_\_\_\_) \_\_\_\_\_  
Dad's Name: \_\_\_\_\_ Home Phone:(\_\_\_\_) \_\_\_\_\_ Work/Cell Phone:(\_\_\_\_) \_\_\_\_\_

## Emergency Information:

Emergency Contact (other than Parents/Above):

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

Relationship: \_\_\_\_\_ Phone: Home(\_\_\_\_) \_\_\_\_\_

Phone: Work/Cell(\_\_\_\_) \_\_\_\_\_

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

Group/Office: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Please list any medical concerns or learning disabilities:

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

## T-Shirts:

All students will receive an SYC Junior Sailing T-Shirt.

Check one of the following:

Youth Medium \_\_\_\_\_ Adult Medium \_\_\_\_\_

Adult XL \_\_\_\_\_ Adult Small \_\_\_\_\_ Adult Large \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## Life Jacket Rental:

Every student is required to wear a Coast Guard approved life jacket in class each day. SYC offers weekly rental of a CG approved Type III Life Jacket for \$10.00 a week.

SYC Life Jacket \_\_\_\_\_ Bring my own \_\_\_\_\_

## Release of Liability and Hold Harmless Agreement:

I am the parent or legal guardian of \_\_\_\_\_, a minor ("Child"). To induce the Seattle Yacht Club, its employees, agents, insurers, members, trustees and officers (hereinafter collectively and individually referred to as "SYC") to permit Child to enroll and participate in SYC's junior sailing programs and related SYC activities, **I hereby release SYC and agree to hold SYC harmless from any and all claims for injuries to Child or damages suffered by Child as a result of negligence of SYC and accept full responsibility of the cost of treatment for any injury suffered by Child while participating in SYC programs, or in transit to or from SYC.** I acknowledge that there is risk of injury inherent in small boat sailing and Sailing School activities and accept the risk on behalf of Child. I represent that I am authorized by every other person standing in a similar relation to Child to make this agreement on his or her behalf. The term of this agreement shall be one year, unless earlier terminated by written notice to SYC, except that it shall not expire or terminate as to occurrences while it is in effect.

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Information:

SYC Membership is not required. **If taking advantage of membership discount, please use your SYC account number for payment and check what applies:**

Member's child \_\_\_\_\_ Member's Grandchild \_\_\_\_\_ Junior Member \_\_\_\_\_

SYC Member Number: \_\_\_\_\_

\*Class Code(s): \_\_\_\_\_ \*Dates of Session(s): \_\_\_\_\_

## Full Payment must be included with this application:

\$ \_\_\_\_\_ Class Fees

\$ \_\_\_\_\_ Life Jacket Rental (\$10.00 per week)

\$ \_\_\_\_\_ Summer Sailing School Kick-off BBQ ( \$12.00 per person, Monday June 27th)

\$ \_\_\_\_\_ Total Payment Enclosed

## Payment Method:

Check#: \_\_\_\_\_ MC or Visa#: \_\_\_\_\_ EXP Date: \_\_\_\_\_

SYC Account #: \_\_\_\_\_ Member Name: \_\_\_\_\_

**Remit to: Seattle Yacht Club, Attn: Sailing School, 1807 E. Hamlin St., Seattle WA, 98112**

**Phone: 206.926.1011 Fax: 206.324.8784 Website: SeattleYachtClub.org**