



COLUMBIA YACHT CLUB

S A I L I N G S C H O O L



2011 Summer Sailing Registration Form

Sailor Information

Name _____

Age _____ DOB _____ School Attended _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Parent(s) Email _____ Sailor Email _____

Contact Information

Parent/Guardian Contact _____

Parent/Guardian Phone Number(s) _____

Emergency Contact/Relationship _____

Emergency Contact Phone Number(s) _____

Class Information

Please check class level and circle class session:

Shark Bait

Circle One:

Session One (6/20-7/11)

Session Two (7/25-8/15)

Shark Week-Mornings

Shark Week-Afternoons

Prams

420 – Beginner/Intermediate

420 – Advanced

Circle One:

Session One (6/13-7/01)

Session Two (7/05-7/29)

Session Three (8/01-8/12)

Session Four (8/15-8/19)

420-Race Team

Optimist-Race Team



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If you **DO NOT** wish to have pictures taken of your child sailing/participating in the Columbia Sailing School please sign below the line below.

Any picture can be used for program promotion; but are generally taken for the parents, family, and the kids themselves to have a record of their experience.

Payment Information

ColYC Member # _____

Non-Member

Check/Money Order

Credit Card

American Express

MasterCard

Visa

Credit Card Number

Exp. Date

Signature

Date

Total Amount Paid \$ _____



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Schedule of Classes and Fees

Sailing Camp

	Columbia Member	Non Member
Session One (6/13-7/01)	\$700	\$800
Session Two (7/05-7/29)	\$800	\$900
Session Three (8/01-8/12)	\$550	\$650
Session Four (8/15-8/19)	\$375	\$450
Shark Bait-Half day (8/22-8/26)	\$250	\$300
Shark Bait-Monday evenings (6/20-7/11 7/25-8/15)	\$150	\$150

Race Team

	Columbia Member	Non Member
Team Opti (6/13-8/26)	\$2000	\$2000
Team Columbia (6/13-8/26)	\$1800	\$2000

Discounts:

Any camp sailor signing up for more than one session will receive a 10% discount off their total cost.

Any sailor enrolling after May 27, 2011 will have a \$50 late charge added onto their total cost.

Returning sailors are guaranteed space in the program if their registration forms are received by March 4, 2011.

NO SAILOR WILL BE ALLOWED TO PARTICIPATE IF HIS/HER LIABILITY AND MEDICAL WAIVERS HAVE NOT BEEN TURNED IN.



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Personal Health And Medical Form

Name		Date of Birth		Age		Sex	<input type="checkbox"/> Male
						<input type="checkbox"/> Female	
Parent/Guardian				Phone			
Home Address			City		State		ZIP
Busiess Address			City		State		ZIP

If the person named above is not available in the event of any emergency, notify:

Name		Relationship		Phone	
Name		Relationship		Phone	
Name of Personal Physician				Phone	
Health/Accident Insurance Carrier			Policy No.		

In the case of emergency, I understand every effort will be made to contact me. In the event, I cannot be reached, I hereby give my permission to the physician selected to secure the proper medical treatment which may include hospitalization, anesthesia, surgery or injection of medication for my son/daughter.

Date		Signature of Parent/Guardian	
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Medical information past or present (please check):

Asthma	yes[] no[]	Heart disease	yes[] no[]	Leukemia	yes[] no[]
Allergies	yes[] no[]	High blood pressure	yes[] no[]	Cancer	yes[] no[]
Convulsions	yes[] no[]	Diabetes	yes[] no[]	Hemophilia	yes[] no[]

Allergies:

Food	yes[] no[]	Plants	yes[] no[]
Medicines	yes[] no[]	Insect bites	yes[] no[]

Explain any YES answers and give all information needed to provide as safe and as full participation as possible.

Any special equipment such as orthopedic or handicap devices, glasses or contacts, dentures? yes[] no[]
What?

Date of Last Tetanus Shot:	
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Emergency Treatment Authorization

I (we) the undersigned parent, parents, or legal guardian of _____, a minor do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical treatment rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required and is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Child's Name (printed): _____

Parent(s) Name(s) (printed): _____

Phone Numbers: (Work): _____ (Home): _____

Parent/Guardian Signature: _____ Date: _____

Health Insurance Carrier: _____

Insurance ID Number: _____



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Liability Release Waiver

The undersigned Participant recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to induce the Columbia Yacht Club to accept his/her enrollment into the Sailing Program, the undersigned Participant covenants and agrees to save, hold harmless and indemnify Columbia Yacht Club, its officers, directors, members, employees and agents, from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to any person or damage to any property arising out of or in anywise connected with the operation of the Sailing Program or any activities on or the use of any facilities or equipment of Columbia Yacht Club.

Participant (please print): _____

Signature: _____ Date: _____

Signature of Guardian (if under 18): _____