



COLUMBIA YACHT CLUB

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

2010 Adult Sailing Registration Form

Sailor Information

Name _____

Address _____ City _____ State/Zip _____

Home Phone _____ Cell Phone _____

Email Address 1 _____

Signature of Applicant _____

Emergency Contact/Relationship _____

Emergency Contact Phone Number(s) _____

Course Selection

See attached sheet for course codes and prices.

Spring SP.1 SP.2

Summer M.1 M.2

W.1 W.2

F.1 F.2

Certification US.1 US.2 US.3 US.4 US.5 US.6

Fall FA.1 FA.2

Private Lessons (call to schedule)

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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Course Listings and Prices

Spring

SP.1	5/18-5/27	Tues/Thurs	5:30pm-8:30pm	Beg/Inter	\$400/sailor
SP.2	5/17-5/26	Mon/Wed	5:30pm-8:30pm	Advanced	\$400/sailor

Summer

Once Weekly

M.1	6/07-7/05	Mondays	6:00pm-9:00pm	Beg/Inter	\$550/sailor
M.2	7/19-8/16	Mondays	6:00pm-9:00pm	Beg/Inter	\$550/sailor
W.1	6/09-7/07	Wednesdays	6:00pm-9:00pm	Beg/Inter	\$550/sailor
W.2	7/21-8/18	Wednesdays	6:00pm-9:00pm	Beg/Inter	\$550/sailor
F.1	6/11-7/09	Fridays	6:00pm-9:00pm	Beg/Inter	\$550/sailor
F.2	7/23-8/27	Fridays	6:00pm-9:00pm	Beg/Inter	\$550/sailor

*No class on the 20th

US Sailing Basic Keelboat Certification

US.1	5/22-5/30	Sat/Sun	8:00am-1:00pm	Beg-Adv	\$700/sailor
US.2	6/05-6/13	Sat/Sun	8:00am-1:00pm	Beg-Adv	\$700/sailor
US.3	6/19-6/27	Sat/Sun	8:00am-1:00pm	Beg-Adv	\$700/sailor
US.4	7/10-7/18	Sat/Sun	8:00am-1:00pm	Beg-Adv	\$700/sailor
US.5	7/31-8/08	Sat/Sun	8:00am-1:00pm	Beg-Adv	\$700/sailor
US.6	8/14-8/22	Sat/Sun	8:00am-1:00pm	Beg-Adv	\$700/sailor

Fall

FA.1	9/14-9/23	Tues/Thur	5:30pm-8:30pm	Beg/Inter	\$400/sailor
FA.2	9/13-9/22	Mon/Wed	5:30pm-8:30pm	Advanced	\$400/sailor



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Emergency Treatment Authorization

I _____, 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.

Participant Name (printed): _____

Participant 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): _____

If you **DO NOT** wish to have pictures taken of you 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 students themselves to have a record of their experience. Not all classes will have pictures taken, but students in pictures are encouraged to download them from our website.