



JUNIOR SAILING PROGRAM REGISTRATION 2018

Student Name _____ Nickname _____

Date of Birth _____ New Student _____ Returning Student _____

Shirt Size _____ (youth sm or medium/adult sm, med, large)

Previous Sailing Experience _____

Circle All that Apply

Session 1 – June 4th-15th

Session 2 - June 18th-29th

Session 3 - July 9th-20th

Session 4 - July 23rd- August 3rd

Member Rate \$375/ Non-Member Rate \$475 Check # _____ or PYC Membership # _____

Parent/Guardian Name _____

Primary Phone _____ Secondary Phone _____

Primary Email _____ Secondary Email _____

Address _____

Emergency Contact 1 (Name/Phone) _____

Emergency Contact 2 (Name/Phone) _____

Mode(s) of transportation to sailing program (please circle):

Walking / Biking

Parent / Adult Driving

Other: _____

A completed application must include:

- A. Program application
- B. Payment in full or account # to bill
- C. Signed medical form
- D. Signed waiver form
- E. Signed Discipline Policies

JUNIOR SAILING PROGRAM WAIVER

We, the undersigned being an applicant for admission to the Pontchartrain Yacht Club Sailing Camp and a parent/guardian of the applicant, do hereby acknowledge that participation in the Sailing School and/or Racing Program poses certain inherent risks which cannot be avoided and acknowledge that we are accepting those risks.

In consideration of the acceptance of applicant's application, we release and forever discharge the Pontchartrain Yacht Club, its Officers, its Board of Directors, its Sailing School Committee, their servants, agents, and employees, from any claim for property damage, injury or death arising out of or during the course of any participation in the Sailing School Program.

We represent that we have and will maintain sufficient coverage under our homeowner's or tenant's liability insurance policy for any negligent acts of applicant in his/her pursuance of school activities.

We further certify that, to the best of our knowledge, the applicant is in good physical condition and suffers from no physical, emotional or mental impairment, which would adversely affect his/her ability to safely participate in sailing activities.

Student Name: _____

Date

Parent/Guardian Name

Parent/Guardian Signature

JUNIOR SAILING PROGRAM MEDICAL FORM & RELEASE FOR PONTCHARTRAIN YACHT CLUB

Student Name _____

Date of Birth _____ Sex _____ Height _____ Weight _____

Please list any past medical problems _____

Surgical history _____

Allergies: Medications _____

Foods _____

Other (including Bees, Wasps, Jelly Fish) _____

Current Medication Taken _____

Physician's Name _____ Physician's Telephone _____

Emergency Contacts (at least one should be local):

1. _____
Parent/Guardian Relationship Phone

2. _____
Parent/Guardian Relationship Phone

3. _____
Other Contact Relationship Phone

4. _____
Other Contact Relationship Phone

I, _____, (Parent/Guardian) authorize the program organizers or their employees to sanction emergency treatment if none of the student's emergency contacts or Parent/Guardians can be reached at the time of an emergency.

Parent/Guardian Signature

Date

JUNIOR PROGRAM RULES & DISCIPLINE POLICY:

1. No students on docks without supervision and a life jacket
2. Life jackets must be worn and secured at all times on docks, piers, boats, or in the water (by students, instructors, and coaches)
3. Closed toed footwear to be worn at all times
4. No running
5. No swimming (except with the permission of the instructors)
6. No jumping off boats (except with the permission of the instructors)
7. Respect one another – no hitting, pushing, or roughhousing
8. Use respectful language – no swearing, foul, or rude language
9. No littering on land or water
10. Stay with the class unless you have permission from an instructor to leave
11. All sailors must make an effort to sail out and return to docks together or with a buddy
12. Prior to drills, all boats must stay within hailing distance of the safety/coach boat
13. All coach boats and junior sailboats must return to the dock prior to sunset
14. No destruction of club or private property
15. No smoking, drugs or alcohol
16. No playing on or near ramps and hoists
17. No playing with boom, hoist or crane
18. Watch fingers and feet between boats, docks, and moving parts
19. Check for overhead wires in boat storage and launching areas
20. Club owned boats must be properly returned and put away after use
21. Sailors must make every effort to avoid collisions

Discipline Policy:

1. First Strike: Student will be warned and student's file will be noted.

2. Second Strike: Student will be warned and parent/guardian will be informed and asked to meet with the Program Director. The strike and meeting notes will be noted in student's file.

3. Third Strike: The student will be asked to sit out for the rest of the day. Parent/guardian will be informed and asked to meet with the Program Director. Commodore will also be informed. Strike will be documented in the student's file.

4. Continued Abuse: Continued abuse of the rules will result in expulsion from the program. Parent/guardian and the Commodore will be informed. No fee will be refunded.

_____	_____	_____
Date	Signature of Parent/Guardian	Name of Parent/Guardian

VISUAL/AUDIO IMAGE RELEASE FORM

I grant permission to Pontchartrain Yacht Club its employees and agents, to take and use visual/audio images of my child. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. I agree that Pontchartrain Yacht Club owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as web sites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as any other uses by Pontchartrain Yacht Club I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I release Pontchartrain Yacht Club and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.

Student Name: _____

Telephone: _____

Email Address: _____

Mailing Address: _____

Parent/ Guardian Signature (if student under 18 years): _____

Date: _____