

REGISTRATION FORM
2022 Port Clinton Yacht Club
Youth Learn to Sail
PO Box 127, Port Clinton, OH 43452

Participant's Name _____

Requested Sessions _____

Parents' Names _____

Street Address _____

City _____ State ____ Zip _____

Father Phone _____ Mother Phone _____

Responsible Local Adult(if parents not present) _____

Phone no. _____

Prior Sailing/Racing Experience (if any) _____

PCYC Member Name: _____

Member of Another ILYA Club: _____

Participant Height _____ Participant Weight _____ Participant Age _____

Participant Birthday _____ T-Shirt Size _____

List all individual names with associated email addresses that you would like correspondence:

List all Cell#'s For Text Updates: _____

Deadline for paperwork is May 13, 2022

Contact: Jennifer Bolte 419-271-6015

Registration is considered completed when the below is completed and delivered in 1 of 3 ways

via mail PO Box 127, Port Clinton OH 43452

email to jbolte1003@gmail.com

drop at the PCYC bar

- 1. This Registration form.**
- 2. Completed & Signed Emergency Medical Form**
- 3. Signed PARENT'S CONSENT And WAIVER OF LIABILITY – ASSUMPTION OF RISK – INDEMNITY AGREEMENT**
- 4. Check made payable to: *PCYC Jr. Sail Program***

You will receive confirmation of Learn to Sail acceptance after all forms are received and coordinator contacts you to confirm availability in the session desired.

PCYC LEARN TO SAIL PROGRAM

(2 Week Camp)

\$200.00 PCYC Member

\$275.00 Non-Member

\$175.00 2nd Child PCYC Member or Multiple Sessions

Check the box of Requested Session(s)

- **Final Sessions will be approved by LTC
Coordinator after application and final payment**

Session 1: June 6 - June 17

AM Session 9 am - 12 pm (Beginner/Intermediate)

PM Session: 1 pm - 4 pm (Intermediate/Advanced)

Session 2: June 20 - July 1 (No Class 6/22 Edgewater Regatta)

AM Session 9 am - 12 pm (Beginner/Intermediate)

PM Session: 1 pm - 4 pm (Intermediate/Advanced)

Session 3: July 5 - July 15 (July 15 PCYC/VBC Regatta at PCYC)

AM Session 9 am - 12 pm (Beginner/Intermediate)

PM Session: 1 pm - 4 pm (Intermediate/Advanced)

PCYC Jr Race Team

\$350.00 PCYC Member

\$400.00 Non-Member

June 6 - July 15 Monday, Tuesday, Wednesday 4pm to 7pm

EMERGENCY MEDICAL AUTHORIZATION FORM

PURPOSE: To enable/direct instructor and or program Chairperson to authorize the provision of emergency treatment for participants who become ill or injured while participating in the **PCYC Learn to Sail Program**.

Participant's Name: _____ **Age** _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (____) _____ **Cell Phone:** _____

Part I

In the event of an accident by a participant reasonable attempts will be made to contact the individuals named below.

1. _____
Name Relationship *Phone*

2. _____
Name Relationship *Phone*

Instructors will notify emergency medical personnel for transfer to the hospital if necessary.

Dr. (Preferred Physician) _____ **Phone** _____
Or

Dr. (Preferred Dentist) _____ **Phone** _____

or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; or **(2.)** transfer to _____ **(Preferred hospital)**, or any hospital reasonably accessible.

This authorization does not cover major surgery.

I do hereby give my consent for emergency medical treatment in the event of illness or injury.

Date _____ **Parent/Guardian Signature** _____

PARTICIPANT MEDICAL HISTORY For: _____

Facts concerning my medical history including allergies, medications, and physical impairments to which a physician should be alerted:

MEDICAL INSURANCE INFORMATION:

Medical Insurance Coverage With: _____

Group Policy # _____ **Plan #** _____

Eff. Date _____

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II – REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment. In the event of illness or injury requiring emergency treatment, I wish the instructor to take no action or to:

Date _____ **Parent/Guardian Signature** _____

PORT CLINTON YACHT CLUB Learn to Sail Program

PARENT’S CONSENT And WAIVER OF LIABILITY – ASSUMPTION OF RISK – INDEMNITY AGREEMENT

The undersigned parent or legal guardian of _____, request that he/she be allowed to participate as a member of the **Port Clinton Yacht Club Learn to Sail and /or the Jr. Race Team** program.

In return for the youth being permitted to take part in the activities and to use the facilities and property of the Port Clinton Yacht Club each of us makes the following promises, and warrants the truth of the following facts”

1. I am familiar with the activities included in the program, and I understand officers and employees of PCYC are available to discuss the activities should I wish for additional information. I also understand I am solely responsible for the arrival and departure of my child for practices and regattas. I agree that the Yacht Club will have no responsibility for the supervision of my child at times other than during the

scheduled program times.

2. I will inform my child that he/she is expected to cooperate with, and follow the directions of, the person(s) in charge of the activities and to act in a manner consistent with the spirit of good sportsmanship, safety, and respect for the rights of others. Failure to cooperate and/or follow directions may result in disciplinary action, including removal from the program(s) without refund. Potentially dangerous actions on the part of any team member will not be tolerated.

3. My child is in good health, and I know of no reason why he/she would be incapable of participating in the program. My child knows how to swim. I will immediately notify the Jr. Race Coach and/or head instructor if a change in my child's health or other condition would affect my child's ability to participate in the program.

4. **WAIVER OF LIABILITY:** I waive and release any right I or my heirs and assigns may have or acquire to make claim against, sue, attach the property of, or prosecute the Port Clinton Yacht Club or any of its members, directors, officers, agents, employees, and/or affiliated organizations for monetary damages caused by injury to my child, or damage to the property of my child or myself arising from my child's participation in the activities and use of the facilities and property of the Port Clinton Yacht Club whether or not the injury or damage results from negligence or other actions, except intentional acts, of the Port Clinton Yacht Club or any of its members, directors, officers, agents, employees, and/or affiliated organizations.

5. **ASSUMPTION OF RISK:** I accept any and all risks to my child or myself of injury, death, and property damage arising from participation in the program and the use of the facilities and property of the Port Clinton Yacht Club whether or not caused by negligence, or other actions, except intentional acts, of the Port Clinton Yacht Club or any of its members, directors, officers, agents, employees and/or affiliated organizations.

I HAVE CAREFULLY READ, AND FULLY UNDERSTAND THIS AGREEMENT AND ITS CONTENTS. I AM AWARE THAT THE AGREEMENT INCLUDES A WAIVER OF LIABILITY AND ASSUMPTION OF RISK.

Dated: _____ Parent/Guardian Signature _____

During the sailing camp, on occasion sailors may be taken tubing. Parental approval must be given to participate in this activity.

Dated: _____ Parent/Guardian Signature _____

PORT CLINTON YACHT CLUB

Sail Camp Equipment List

- A. U.S. Coast Guard approved proper fitting life jacket**
- B. Safety whistle that can be attached to life jacket (West Marine carries them)**
- C. Hat to cut down on sun exposure**
- D. Boat shoes (not flip-flops) Non-skid or tennis shoes/closed toe shoes**
- E. Sunscreen**
- F. T-shirt & shorts (not tattered or ripped which may result in getting caught in rigging)**
- G. Bathing suit**
- H. At least one clean dry towel I. Warm clothes**
- I. Sunglasses w/croakie**
- J. Water bottle**
- K. Extra pair of dry shoes**
- L. Extra set of dry clothes (don't forget underwear), face buff,**

***Please mark all items with a waterproof pen!**