

Gig Harbor Yacht Club Junior Sailing Application

GHYC Junior Sailing classes are Monday through Friday, open to youth ages 6 to 18. We teach the basics to beginning sailors and build on prior experience as they advance through the program. Students are assigned to an initial instructor and may be moved to a different instructor depending on their sailing ability. Instructors are certified by the U.S. Sailing association and trained in water safety, concussion recognition, and first aid. Life jackets are required and must be worn by all sailors when on docks, in boats, and in the water.

Student Name: _____

Birthday: _____ Age: _____ Sex: (M) / (F)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Parent(s) or Guardian(s): _____

E-mail: _____

Previous Sailing Experience: _____

T-shirt size _____

Sessions / Dates Offered: (Please circle date and class desired):

June 26

July 10

July 17

July 24

July 31

August 7

August 14

August 21

Emergency Contacts (OTHER than parents/guardians):

Name: _____ Phone: _____

Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Medical Conditions, Concussions or Learning Disabilities:

Known Allergies

Current Medications:

Does student wear: glasses _____ contact lens: _____ Other _____

MEDICAL CONSENT AND RELEASE OF LIABILITY -DO NOT SIGN THIS RELEASE UNLESS YOU UNDERSTAND IT:

I am the parent or legal guardian of a minor ("Child") participating in the GHYC Junior Sail Camps and Program and recognize that sailing is a potentially dangerous activity. To induce the GHYC Junior Sail, its employees, agents, insurers, members, trustees and officers (hereinafter collectively and individually referred to as "GHYC Junior Sail") to permit Child to enroll and participate in the GHYC Junior Sail Camps and Program and related GHYC Junior Sail activities, by my signature below I hereby release GHYC Junior Sail and agree to hold GHYC Junior Sail harmless from any and all claims for injuries to Child or damages suffered by Child as a result of negligence of GHYC Junior Sail and accept full responsibility of the of the cost of treatment for any injury suffered by Child while participating in GHYC Junior Sail Camps and Program, or in transit to or from GHYC Junior Sail. I acknowledge that there is risk of injury inherent in small boat sailing and Sailing Camp & 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 GHYC Junior Sail, except that it shall not expire or terminate as to occurrences while it is in effect. **I HEREBY RELEASE FROM LIABILITY AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Gig Harbor Yacht Club, GHYC Junior Sailing Program, their members, officers, agents and employees, of**

and from any and all claims, demands, actions or rights of action, whether personal to me or to a third party, which are related to, arise out of, or are in any way connected with the sailing instruction.

Parent/Guardian Signature _____ Date _____

AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR

The undersigned parent or guardian of a minor, does hereby consent to any emergency x-ray, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provision of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable; and neither said agent or any organization involved assume any financial responsibility for exercising this action.

SIGNATURE (parent/guardian) _____ Date _____

PHOTO PERMISSION RELEASE:

By my signature below, I grant permission to GHYC Junior Sail to use the likeness and photographic image(s) of my Child for use in promotional and publicity materials both print and online. I do not limit this use to conclude at a specific time or date. It is understood by me and GHYC Junior Sail that these items shall be used in a professional and positive manner.

SIGNATURE (parent/guardian) _____ Date: _____

Gig Harbor Yacht Club member? Yes _____ No _____

Price for one week for:

Novice & Teen camp is \$320. Check #: _____

Guppy camp is \$150. Check #: _____

PLEASE COMPLETE THIS FORM AND MAIL WITH YOUR CHECK TO:

GHYC Junior Sail, 8209 Stinson, Gig Harbor WA 98332

Any questions please call: (253) 214-6131