



Gig Harbor Yacht Club Junior Sailing Application

GHYC Junior Sailing classes are Monday through Friday, open to youth ages 6 to 18 who have demonstrated basic swimming ability with a life jacket. 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.

Please make sure you have gone to ghycjuniorsail.org and have read all the requirements for the camp you are registering for. Each camp has specific age level and other requirements. If you are not sure what camp your child should be in, please email info@ghycjuniorsail.org or phone (253)-214-6131

Student Name: _____

Birthday: _____ Age: _____ Height: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Parent(s) or Guardian(s): _____

E-mail: _____

T-shirt size _____

Camp Level (circle one): Guppy (6-7) Youth (8-11) Teen (12-18) Intermediate

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

June 24

July 8

July 15

July 22

July 29

August 5

August 12

August 19

Emergency Contacts (OTHER than parents/guardians):

Name: _____ Phone: _____

Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

Does the child have any know or diagnosed conditions, concussions, disabilities, illnesses, injuries, allergies, or medications we should know about? _____

Does the child take or need any medication while in the program? Please explain? _____

Please tell us of any learning challenges your child might have? _____

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”) and Gig Harbor Marina, Inc. ("GHM"), a Texas Corporation, dba Arabella's Landing Marina, 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 GHM and agree to hold GHYC Junior Sail and GHM 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 drowning and 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, GHM, 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 _____

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.

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.

Parent/Guardian Signature _____ Date _____

Gig Harbor Yacht Club member? Yes _____ No _____

Price for one week is \$350)(Guppy price is \$175). 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