

BENICIA YACHT CLUB YOUTH SAILING PROGRAM
Return to: BYC YOUTH SAILING PROGRAM, 400 East 2nd St., Benicia, CA 94510

ENROLLMENT FORM

PERSONAL INFORMATION:

LAST NAME	FIRST NAME	DATE OF BIRTH	AGE as of 6/17	SEX <input type="checkbox"/> M <input type="checkbox"/> F
PARENT / GUARDIAN LAST NAME	FIRST NAME	RELATIONSHIP		
HOME ADDRESS STREET		CITY	STATE	ZIP
HOME PHONE	WORK PHONE	EMERGENCY TELEPHONE		
EMAIL ADDRESS				<input type="checkbox"/> Yes <input type="checkbox"/> No
CAN YOUR CHILD SWIM AT LEAST FIFTY (50) YARDS? <input type="checkbox"/> Yes <input type="checkbox"/> No				
HAVE YOU HAD ANY PREVIOUS SAILING OR BOATING EXPERIENCE?		PLEASE DESCRIBE:		
HOW DID YOU HEAR ABOUT OUR PROGRAM?				

FEES:

The Tuition fee is non-refundable, and must be received along with enrollment/medical forms in order to hold a spot for each student. Please check the box of the session that your child would like to attend.

A \$50.00 discount will be given for siblings and those participating in more than one week of camp. \$50.00 name of Sibling _____.

Participants may take one or more sessions, DISCOUNTS FOR MORE THAN ONE SESSION PER SUMMER!

Introduction to Sailing (half day) June 19 - June 23 \$275.00

Learn to Sail June 26 - June 30 \$375.00 Learn to Sail August 8- August 12 \$375.00

Intermediate Sailing I July 31 - August 5 \$375.00 Intermediate Sailing II August 7 - August 11

Please check if the participant and immediate family is a BYC member for a discount. \$50.00 for Intro / \$75.00 Learn to Sail and Intermediate. **Payment MUST be made by MAY 19, 2017 for the discount, NO EXCEPTIONS!**

BYC member or immediate family:

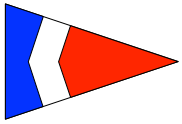
CHECK #	AMOUNT ENCLOSED \$	MAKE CHECKS PAYABLE TO:	Benicia Yacht Club YOUTH SAILING
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WAIVER AND RELEASE OF LIABILITY:

I understand that sailing is an activity that requires certain mental and physical abilities on the part of the participant. I understand that participating in sailing has inherent risks and a potential for injury. I understand that the tuition is not refundable. I agree to abide by the program rules. For and in consideration of the acceptance by the Benicia Yacht Club of my participation in the Youth Sailing Program I hereby accept all the risk and responsibilities of participating in the program and waive any and all claims I may have against Benicia Yacht Club, Inc., Benicia Harbor Corporation, the City of Benicia, the County of Solano, the State of California or the United States of America or their members, officers, directors, committees, agents, volunteers, representatives and/or employees arising out of or in any way connected with such participation.

PARENT/GUARDIAN _____ DATE _____

PARTICIPANT _____ DATE _____



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Return to: BYC YOUTH SAILING PROGRAM, 400 East 2nd St., P.O.BOX 782, Benicia, CA 94510

MEDICAL FORM

LAST NAME	FIRST NAME	AGE AS OF JUNE 2017
SEX <input type="checkbox"/> M <input type="checkbox"/> F		

EMERGENCY CONTACT INFORMATION:

PRIMARY CONTACT	PHONE
SECONDARY CONTACT	PHONE
ADDITIONAL ALTERNATE CONTACT	PHONE
PHYSICIAN	PHONE

INSURANCE INFORMATION:

CARRIER	PHONE
NAME OF INSURED	MEMBER NUMBER
ADDITIONAL INSURANCE INFORMATION (GROUP NUMBER, EMPLOYER, PLAN NAME OR NUMBER)	
PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR HEALTH INSURANCE CARD OR OTHER PROOF OF MEDICAL COVERAGE.	

- Allergies Bee sting reaction Diabetes Heart trouble Seizures
 Asthma Convulsions Fainting Hemophilia Other
 Vision Hearing Nose/Throat Lungs Digestion Other

HEALTH AND MEDICAL HISTORY:

THE PARTICIPANT IS SUBJECT TO (CHECK ALL THAT APPLY AND EXPLAIN BELOW)	
DOES THE PARTICIPANT HAVE ANY DIFFICULTY WITH (CHECK ALL THAT APPLY AND EXPLAIN BELOW): PLEASE EXPLAIN ANY CONDITIONS CHECKED ABOVE	
ALLERGIES (PLEASE SPECIFY)	DATE OF LAST TETANUS SHOT
LIST ANY RESTRICTIONS FOR MEDICAL REASONS	
LIST ANY CONDITIONS REQUIRING MEDICATION	

AUTHORIZATION:

I hereby give my permission for full participation in the Benicia Yacht Club Youth Sailing Program, subject to the limitations noted herein. I hereby authorize and give my consent and permission to the adult in charge to sanction medical care as necessary for the health and welfare of the participant. I also give my consent and permission to the licensed physician or dentist selected by the adult in charge to administer care including but not limited to diagnosis, anesthesia, treatment, surgery, medication or to hospitalize or order injection for the participant or to obtain or release medical information about the participant. To the extent that costs for such care are not covered by the Benicia Yacht Club Youth Sailing Program's insurance policy I agree to be responsible for such costs.

PARENT/GUARDIAN	DATE
PARTICIPANT	DATE