



Parent/ Guardian Info

Please Note: For income tax purposes, receipts will be issued to the person as detailed in this section.

Name: _____ SYC member: _____
 Address: _____ Yes No (member name)
 City: _____ Province: _____ Postal Code: _____
 E-mail: _____ Home Phone: _____
 Cell: _____ Bus. Phone: _____

Student Information

Please Note: This information will be required in case of an emergency. Please put a local address & phone number where a parent/guardian can be reached.

Name of Student: _____ Date of Birth: (MM/DD/YYYY) _____
 In Case of Emergency Contact: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____ E-mail: _____
 Daytime Phone: _____ Evening Phone: _____ Cell: _____
 Family Doctor: _____ Phone: _____

Swimming ability (what level has your child received?) _____
 Does your child have any health, learning, or behavioral concerns: Yes No
 If yes, please give details below _____

 Is your child taking any medication? (please specify): _____

 Does your child have any allergies? _____

Course Information: Lynz Jackson (Sail Training Register) – (519) 384 2665 email: sycsst@hotmail.com

TASTE (9AM – 4PM)

Friday June 29th (single day session - ½ price) \$85 member - \$95 non-member
 Monday August 27th & Tuesday August 28th (please register early)
 Wednesday August 29th & Thursday August 30th

TASTE ... *Totally Awesome Sail Training Experience*
 2 day introductory to sailing, open to children without sailing experience - 5-12 years of age

Please bring a Lunch ! (Alternatively lunch can be purchased at the club galley)

Wet Feet – Half Day Programs (Mornings only 8:30 AM – 12:00 PM)

Wet Feet Continuing in 2018, morning sessions ages 5-8
(If a full day program is required please contact the Sail Training Register)

Session 1 July 2nd – July 13th *
 * No Classes July 6th – SAILFEST Regatta

Session 2 July 16th – July 27th

Session 3 July 30th – August 10th **
 ** No Classes Monday August 6th Civic Holiday.

Session 4 August 13th – August 24th

Wet Feet Program Fees

Sessions 1 & 3 \$185 member \$205 non-member (9 Mornings)
 Sessions 2 & 4 \$205 member \$225 non-member (10 Mornings)

Sessions are filled on a first registered - first allocated basis. If your initial selection is filled, you will be contacted to discuss options.

We have limited Youth size Life Jackets available for loan. If you would like to borrow a life jacket, please indicate participant weight below. Life jackets are on a 1st come, first reserved basis. We will advise if we do not have your size available

We would like to borrow a life jacket Participant weight _____ lbs.



General Information	<ul style="list-style-type: none"> • Registration must include payment. Incomplete forms will be returned and spots will <u>not</u> be held • Equipment required: Transport Canada approved lifejacket with attached whistle, closed toe shoes, hat, sunglasses, sun screen, towel, swimsuit & extra clothing 								
Authorization	<p><i>I/We _____ being the parents/guardians of _____ understand that the Sarnia Yacht Club, its executives, membership, employees, agents, and Instructional staff assume no responsibility in the event of any accident or injury to my/our child named above, or to property of my/our child's or mine/ours while participating in the Sarnia Yacht Club Junior Sailing Program.</i></p> <p><i>In consideration of the Sarnia Yacht Club considering permitting my/our child to take place In this program, I/we and each of us, for the purpose of procuring the Sarnia Yacht Club to consider my/our child's participation in the Program, hereby covenant and agree to indemnify and save harmless the Sarnia Yacht Club, its executives, agents, claims, demands, and expenses whatsoever which the Sarnia Yacht Club may incur, sustain, or be under by reason of accident or injury to my/our child and the property aforesaid.</i></p> <p><i>My/our child will furnish his/her own Transport Canada or Canadian Coast Guard approved flotation device with attached whistle.</i></p> <p><i>Date: M ___ D ___ Y ___</i></p> <p><i>Name of parent or Guardian: _____</i> <i>(Please print)</i></p> <p><i>Signature of Parent or Guardian: _____</i></p>								
Payment Information	<p>Mail application forms with cheque or VISA information to the address detailed below, or pay in person at the SYC office. <u>Post dated cheques will not be accepted.</u></p> <p>Total Payable: _____ (Canadian Funds) Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/></p> <p style="text-align: center;">Sorry we can only accept VISA</p> <p>Visa # _____ Expiry Date _____</p> <p>Name on Visa (print) _____ Signature _____</p> <p><i>For office use only</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Date Rec'd:</td> <td style="width: 25%;">Amount Rec'd:</td> <td style="width: 25%;">Date Processed</td> <td style="width: 25%;">Processed by:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Sarnia Yacht Club Sail Training Registration 1220 Fort St, Pt. Edward, ON N7V 1M2 Phone: 519-332-6779 Fax: 519-332-0674</p> <p style="text-align: right;">Website: www.sarniayachtclub.on.ca</p>	Date Rec'd:	Amount Rec'd:	Date Processed	Processed by:				
Date Rec'd:	Amount Rec'd:	Date Processed	Processed by:						
Use of SYC Boats	<p>For Regattas and Pleasure Use</p> <p>Students requiring the use of Club boats for regattas and pleasure use will be required to complete a separate form accepting responsibility for damage and/or material loss. Forms will be supplied upon request and as required.</p>								