



Sarnia Yacht Club
SAILING SCHOOL – 2020
Youth Race Team & Advanced Training Programs



Parent/ Guardian Info	<p>Please Note: For income tax purposes, receipts will be issued to the person as detailed in this section.</p> <p>Name: _____ SYC member: Yes/No _____ (member name)</p> <p>Address: _____</p> <p>City: _____ Province: _____ Postal Code: _____ E-mail: _____</p> <p>Daytime Phone: _____ Evening Phone: _____ Cell: _____</p>
Student Information	<p>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.</p> <p>Name of Student: _____ Date of Birth: (MM/DD/YYYY) _____</p> <p>In Case of Emergency Contact: _____</p> <p>Address: _____</p> <p>City: _____ Province: _____ Postal Code: _____ E-mail: _____</p> <p>Daytime Phone: _____ Evening Phone: _____ Cell: _____</p> <p>Family Doctor: _____ Phone: _____</p> <p>Swimming ability (what level has your child received?): _____</p> <p>Does your child have any health, learning, or behavioral concerns: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give details : _____</p> <p>Is your child taking any medication? (please specify) : _____</p> <p>Does your child have any allergies?: _____</p>
<p>Course Information: Lynz Jackson (Sail Training Register) (519) 384-2665 email: sycsst@hotmail.com</p>	
Half Day Optimist Race Team	<p>Session August 4th - August 28th <i>* excludes Monday August 3th (Civic holiday)</i></p> <p>Mornings Only 8:30am -12pm <input type="checkbox"/> \$440 member only*</p> <p><i>*possible non-member 2 week program to be determined at a later date</i></p> <p>Sailing Ability: (what level has he/she achieved?) _____</p> <p>Regatta expenses or coaching at regattas not included.</p>
Open Race Team/ Advanced Training	<p>Summer Session August 4th - August 28th <i>* excludes Monday August 3th (Civic holiday)</i></p> <p>All Day 8:30 am – 4:30 pm <input type="checkbox"/> \$700 member only*</p> <p><i>*possible non-member 2 week program to be determined at a later date</i></p> <p>My son/daughter will use their own boat: yes <input type="checkbox"/> no <input type="checkbox"/> Class _____ Sail # _____</p> <p>Sailing Ability: (what level has he/she received?) _____</p> <p>Regatta expenses or coaching at regattas not included.</p>
<p><i>Sessions are filled on a first registered - first allocated basis.</i></p> <p>Lunches are <u>not</u> included. Options are to bring own or to purchase the lunch program at the Galley.</p>	



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SYC Jersey	<p>SYC program shirt included for Learn to Sail "CANSail" and Race programs only</p> <p>Please specify preferred shirt size: Adult : small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/> X-large Youth : small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/></p>								
General Info	<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/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.</p> <p>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.</p> <p>My/our child will furnish his/her own Transport Canada or Canadian Coast Guard approved flotation device with attached whistle.</p> <p>Date: M ___ D ___ Y ___</p> <p>Name of parent or Guardian: _____ (Please print)</p> <p>Signature of Parent or Guardian: _____ (if over 18, sign yourself)</p>								
Payment Information	<p>Mail application forms with cheque or credit card information to the address detailed below, or pay in person at the SYC office. <u>Post dated cheques will not be accepted. We now accept Visa and MasterCard</u></p> <p>Total Payable: _____ (Canadian Funds) Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Visa/MC <input type="checkbox"/></p> <p>Credit Card # _____ Expiry Date _____</p> <p>Name on CC (print) _____ Signature _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Date Rec'd:</th> <th style="width: 25%;">Amount Rec'd:</th> <th style="width: 25%;">Date Processed</th> <th style="width: 25%;">Processed by:</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;"> Sarnia Yacht Club Sail Training Registration 1220 Fort St, Pt. Edward, ON N7V 1M2 Phone: 519-332-6779 ext#2 Fax: 519-332-0674 Website: Sarnia Yacht Club </td> </tr> </tbody> </table>	Date Rec'd:	Amount Rec'd:	Date Processed	Processed by:	Sarnia Yacht Club Sail Training Registration 1220 Fort St, Pt. Edward, ON N7V 1M2 Phone: 519-332-6779 ext#2 Fax: 519-332-0674 Website: Sarnia Yacht Club			
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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>								

All applicants will receive confirmation of receipt and program selection availability