



2018 Seattle Yacht Club High School Sailing Registration

You may not participate in any High School Sailing activities until this form is completed and returned to the coach.

Sailor's Name: _____ **Birth Date:** _____ **School/Grade:** _____

Address: _____ **City:** _____ **Zip:** _____

Sailor's phone #: _____ **Sailor's email:** _____

Mother's Name: _____ **Home #:** _____ **Work/Cell #:** _____

Email: _____

Father's Name: _____ **Home #:** _____ **Work/Cell #:** _____

Email: _____

Please send e-mails to: Sailor Mom's e-mail Dad's e-mail All

EMERGENCY CONTACT

NAME: _____ **PHONE:** _____ **RELATIONSHIP:** _____

Release of Liability and Hold Harmless Agreement:

I am the parent or legal guardian of _____, a minor ("Child"). To induce the Seattle Yacht Club, its employees, agents, insurers, members, trustees and officers (herein after collectively and individually referred to as "SYC") to permit Child to enroll and participate in SYC's junior sailing programs and related SYC activities, **I hereby release SYC and agree to hold SYC harmless from any and all claims for injuries to Child or damages suffered by Child as a result of negligence of SYC and accept full responsibility of the cost of treatment for any injury suffered by Child while participating in SYC programs or in transit to or from SYC.** I acknowledge that there is risk of injury inherent in sailing and accept the risk on behalf of the 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 SYC, except that it shall not expire or terminate as to occurrences while it is in effect.

Parent or Guardian Signature: _____ Date: _____

Payment Information:

- High School sailing dues apply for the period from February 13th to May 3rd. **Fees are seasonal and by signing the registration you agree to pay total amount.**

2018 High School Sailing Dues: \$250

Payment Method (check, credit card, or member account):

MC / Visa _____ Exp date: _____ Zip code: _____

SYC Account # _____ Member Name _____

Signature _____