

# Port Credit Yacht Club

## Youth Learn To Sail 2006 Registration Form

115 Lakefront Promenade Mississauga, ON L5E 3G6

Phone (905) 278-5578 FAX (905) 278-2519

E-mail = [learntosail@pcyc.net](mailto:learntosail@pcyc.net) Web site = [www.pcyc.net](http://www.pcyc.net)

Date Rec'd \_\_\_\_\_

Am't Rec'd \_\_\_\_\_

Processed \_\_\_\_\_

(Please **PRINT** Legibly)

**BOTH SIDES OF FORM MUST BE COMPLETED AND FULL PAYMENT MUST ACCOMPANY FORM**

### **Participant Information**

Participant: First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

yyyy mm dd

Swimming Ability: \_\_\_\_\_ Health Card: # \_\_\_\_\_

Please indicate any health problems and give detailed information on care/procedures:

### **Emergency Information**

Parent's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Second Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **Sailing Experience**

Previous CYA standard achieved

None \_\_\_ White Sail I \_\_\_ White II \_\_\_ White Sail III \_\_\_ Bronze IV \_\_\_ Bronze V \_\_\_ Silver \_\_\_

### **Course Information**

Course codes requested \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Total Cost \_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Member # \_\_\_\_\_

Credit Card MC \_\_\_ Visa \_\_\_ Number \_\_\_\_\_ Expiry \_\_\_\_\_

Please make your cheque payable to: Port Credit Yacht Club. A currently dated Cheque or credit card information and a signed liability waiver, printed on the back must accompany the application. No refunds will be issued after courses have commenced.

## 2006 PCYC Youth Learn To Sail Schedule and Costs

**All sessions run Monday to Friday 9:00 am to 4:00 pm**

(Including Statutory Holidays)

<b>OPTIMIST PROGRAM</b>			<b>WHITE SAIL PROGRAM</b>		
2 week sessions Non Member \$410 Member \$380					
Session	Dates	Code	Session	Dates	Code
<input type="checkbox"/> Session 1	July 3 – July 14	O1	<input type="checkbox"/> Session 1	July 3 – July 14	W1
<input type="checkbox"/> Session 2	July 17 – July 28	O2	<input type="checkbox"/> Session 2	July 17 – July 28	W2
<input type="checkbox"/> Session 3	July 31 – Aug. 11	O3	<input type="checkbox"/> Session 3	July 31 – Aug. 11	W3
<input type="checkbox"/> Session 4	Aug. 14 – Aug. 25	O4	<input type="checkbox"/> Session 4	Aug. 14 – Aug. 25	W4

<b>BRONZE SAIL PROGRAM</b>			<b>Racing Program (Silver / Gold)</b>		
4 week sessions Non Members \$740 Members \$700			8 week session Non Member \$1235 Member \$1175		
Session	Dates	Code	Session	Dates	Code
<input type="checkbox"/> Session 1	July 3 – July 28	B1	<input type="checkbox"/> Session 1	July 3 – Aug. 25	SG1
<input type="checkbox"/> Session 2	July 31 – Aug. 25	B2			

<b>OPTI RACING PROGRAM</b>		
4 week session Non Members \$720 Members \$685		
<input type="checkbox"/> Session 1	July 3 – July 28	OR1

### RELEASE OF LIABILITY/ Property Damage Agreement

PLEASE READ CAREFULLY

In consideration for allowing my child to participate in the PCYC Learn to Sail Program, I hereby warrant and agree that:

1. I accept that there is a risk of serious injury or death by participation in sailing activities;
2. My child is physically and mentally able to participate;
3. I agree to abide by all rules of the PCYC Learn to Sail Program and agree to instruct my child to abide by all such rules;
4. I hereby give my consent to the participation of my child in the PCYC Learn to Sail Program and its associated activities; and
5. I hereby give my:
  - (a) FULL AND FINAL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS that I may have at any time against PCYC or any of its directors, officers, employees, agents, representatives, and volunteers, (all of whom are collectively referred to as "the Releasees") from any and all liability for any loss, damage, injury or expense that I or my child may suffer as a result of the said child's participation in the PCYC Learn to Sail Program;
  - (b) AGREEMENT NOT TO SUE THE RELEASEES for any loss, injury, costs or damages of any form or type, whether directly or indirectly, from the participation of my child in the PCYC Learn to Sail Program; and
  - (c) AGREEMENT that this document be governed by the laws, and in the courts, of the Province of Ontario.
6. I agree that in the event of any unnecessary or deliberate damage to Port Credit Yacht Club property caused by my child, I will be assessed for the cost to rectify the damage. I am aware that I will be notified by the Club prior to the actual assessment of fees for damages.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT.**

**SIGNED** \_\_\_\_\_, at, \_\_\_\_\_, Ontario.  
 (Date) (Municipality)

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Printed Name of Parent/Guardian*

\_\_\_\_\_  
**Witness to Above Signatures**

\_\_\_\_\_  
**Printed Name of Witness**