



*Silver Gate Yacht Club*  
**Junior Sailing**

**Fall 2017 - Enrollment Application**

Sailor's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mother's Cell \_\_\_\_\_ email \_\_\_\_\_  
Father's Cell \_\_\_\_\_ email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FALL SESSION DATES:**

<b>September 24<sup>th</sup></b>	<b>Sunday</b>	<b>November 5<sup>th</sup></b>	<b>Sunday</b>
<b>October 8<sup>th</sup></b>	<b>Sunday</b>	<b>November 19<sup>th</sup></b>	<b>Sunday</b>
<b>October 22<sup>nd</sup></b>	<b>Sunday</b>	<b>December 3<sup>rd</sup></b>	<b>Sunday</b>
		<b>December 17<sup>th</sup></b>	<b>Sunday</b>

**TIME: 9:00 – 3:00**

Has this sailor participated in our program in the past? \_\_\_\_\_ When \_\_\_\_\_

Please describe this sailor's experience: \_\_\_\_\_  
\_\_\_\_\_

**Note:** This is not a program for first time beginners. Prior experience required – or approval of the program Director.

Important: Sailor's HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

SGYC member number (when billing to account): \_\_\_\_\_

Fees: \$360.00 (non-members), \$320.00 SGYC members

Please mail Application, Release of Liability, Photographic Release, Medical Consent & Behavior forms, along with session fees to: SGYC Junior Sailing  
2091 Shelter Island Dr.  
San Diego, CA 92106



*Silver Gate Yacht Club*  
**Junior Sailing**

**RELEASE OF LIABILITY**

In consideration of the undersigned's participation in the Silver Gate Foundation Junior Sailing Program [hereinafter "SGYC JS", the undersigned participant ("Participant"), and if such Participant is a minor, the Participant's parent or legal guardian by countersigning below, on behalf of themselves and their respective heirs, executors, administrators, personal representatives and next of kin (collectively with Participant, "Releasers"), hereby forever waive, release and discharge SGYC JS and their respective parents, subsidiaries, affiliates, owners, members, managers, employees, officers, directors, agents, representatives, successors and assigns (each a "Released Party") from any and all claims, demands, damages, judgments, executions, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, which a Releaser may have, or claim to have, against any Released Party resulting from death, personal injury, property damage or other loss Releaser may sustain as a result of participating in the Junior Sailing Program or other activities related thereto.

**THIS RELEASE IS INTENDED TO DISCHARGE EACH RELEASED PARTY FROM ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH RELEASOR'S PARTICIPATION IN THE SGYC JS.**

Releasers hereby acknowledge that serious accidents occasionally occur during sailing activities and that mortal or serious personal injuries and/or property damage or other loss may result from participation in such activities. Releasers knowingly assume all risks of participation in the SGYC JS , including all risk of personal injury and loss of or damage to the Releasers or their property, including further injury sustained as the result of the efforts of third parties who come to the aid of Releaser(s) if injured as a result of participation in the program., and release all other persons and entities mentioned above who might otherwise be liable to Releasers. Releasers agree to abide by all rules of the SGYC JS and understand that the failure to observe and obey such rules may result in instant revocation of Releaser's(s') right to participate in the SGYC JS.

Signature of SGYC JS Participant: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT OR GUARDIANS FOR MINORS (UNDER 18 YEARS OF AGE)**

The undersigned parent and/or natural or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to release each and all of the Released Parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said Party(ies) because of any defect in or lack of such capacity to so act and release said Party(ies) on behalf of all Releasers as specified herein.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



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**Medical Consent**

Each participant must complete and sign a copy of this form. Please fill it out completely. Incomplete forms will not be accepted. **This Medical Consent Form shall remain effective until revoked in writing. Please print clearly and legibly!**

NAME OF PARTICIPANT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME OF PARENT OR GUARDIAN (if under 18) \_\_\_\_\_

In the event of accident or injury to myself, or any child of mine (specifically including my child if named above as the "Participant") or in the event of illness of myself, or any child of mine while in, on or about the premises of the Silver Gate Yacht Club Foundation Junior Sailing Program [hereinafter "SGYC JS"] or while participating in any activity sponsored by or under the auspices of SGYC JS under circumstances where I am physically unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to myself, or any of my said children of such medical care, attention and treatment by any hospital, physician or physicians as such hospital, physician or physicians may deem necessary or advisable.
2. I authorize the General Manager, Assistant General Manager, Director, coaches, instructors, volunteers or any officer or member of SGYC JS to consent to such medical care, attention or treatment.
3. I agree to pay all costs of such medical care, attention or treatment and to hold free and harmless of and from any and all liability for such cost SGYC JS along with the officers, directors, volunteers and members of SGYC JS.

I, the undersigned, do hereby authorize and consent to any emergency care, included but not limited to: x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff of a medical facility. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Signature: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**IN CASE OF EMERGENCY CALL:**

NAME	RELATIONSHIP	PHONE NUMBER

**MEDICAL AND EMERGENCY INFORMATION**

Participant's name: \_\_\_\_\_

Parent/legal guardian name \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (Emergency cell) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**CURRENT ATTENDING PHYSICIAN:**

<b>NAME</b>	<b>PHONE NUMBER</b>	<b>DATE OF LAST EXAM</b>

<b>HEALTH INSURANCE CARRIER:</b>
<b>INSURANCE ID NUMBER:</b>

**THE PARTICIPANT AND/OR THEIR PARENT(S) MUST RESPOND TO THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE:**

Please check those that apply: (Provide necessary details below)

<b>CHRONIC AILMENTS:</b>		<b>ALLERGIES:</b>	
Asthma, or other respiratory problems		Medication(s) (please list below)	
Diabetes or Hypoglycemia		Latex	
Hemophilia, or other bleeding problems		Bee stings / Insect bites	
Circulatory or heart problems		If yes, do you carry an EpiPen?	
Epilepsy / Seizure		Foods	
Other		Other	

DATE OF LAST TETANUS/ DIPHTHERIA/ TOXOID / T/d or Tdap SHOT: \_\_\_\_\_

CURRENT MEDICATIONS AND DOSAGE IF ANY: \_\_\_\_\_

COMMENTS / NOTIFICATIONS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE MAKE SURE YOU HAVE FILLED IN ALL THE NECESSARY INFORMATION**



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**PHOTOGRAPHIC (DEPICTION) RELEASE**

***The signed consent form MUST be on file in order to complete registration.  
One must be on file for each sailor.***

In consideration of the undersigned's participation in the Silver Gate Yacht Club Foundation Junior Sailing Program [hereinafter "SGYC JS"] the undersigned participant ("Participant") and if such Participant is a minor, the Participant's parent or legal guardian by countersigning below ("Parent/ Guardian"), hereby grant to the Sponsors and the Host, perpetually and irrevocably, the unconditional and exclusive right, title and interest throughout the world to use, simulate and portray Participant's name, likeness, voice, personality, personal identification, and personal experiences, incidents, situations and events, whether visual and/or audio, including without limitation photographs, videotape, film and other recordings, electronic or optical-based media, or any other form or medium whatsoever, whether now or hereafter existing, and of every kind and character (collectively "The Images"), which may be taken or taken of Participant while participating in any aspect of the SGYC JS. Participant and Parent/Guardian understand and agree that SGYC JS will retain any and all right, title and interest in and to the Images, in any derivative works, and in any merchandising, advertising, promotional and publicity rights and materials related thereto in all media of every nature whatsoever, whether now known or hereafter devised. Participant reserves no rights with respect to such uses. Participant and Parent/Guardian agree that the Sponsors and the Host shall have unlimited right to vary, change, alter, modify, add to, and delete from any depictions of Participant in the Images and to rearrange and/or transpose such depictions as each may determine. Participant and Parent/ Guardian hereby waive any right to inspect, review or approve the Images and their use by the Sponsors and the Host and acknowledge that they are to receive no payment with respect to any matter referred to herein and that any and all of the rights granted herein are freely assignable by SGYC JS.

**PARTICIPANT AND PARENT/GUARDIAN, ON BEHALF OF THEMSELVES AND THEIR RESPECTIVE HEIRS, EXECUTORS, ADMINISTRATORS, PERSONAL REPRESENTATIVES AND NEXT OF KIN (COLLECTIVELY, "RELEASERS"), HEREBY FOREVER WAIVE, RELEASE AND DISCHARGE SGYC JS MEMBERS, MANAGERS, EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, SUCCESSORS, ASSIGNS AND REPRESENTATIVES (EACH A "RELEASED PARTY") FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION THAT RELEASORS MIGHT NOW OR HEREAFTER HAVE FOR LIBEL, DEFAMATION, INVASION OF PRIVACY, RIGHT OF PUBLICITY, INFRINGEMENT OF COPYRIGHT OR TRADEMARK, OR VIOLATION OF ANY OTHER RIGHT ARISING OUT OF OR RELATING TO ANY UTILIZATION OF THE RIGHTS GRANTED UNDER THIS DEPICTION RELEASE.**

**PARTICIPANT** (Signature): \_\_\_\_\_

**NAME** (print) \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT OR GUARDIANS FOR MINORS (UNDER 18 YEARS OF AGE)**

The undersigned parent and/or natural or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to release each and all of the Released Parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said Party(ies) because of any defect in or lack of such capacity to so act and release said Party(ies) on behalf of all Releasers as specified herein.

**PARENT OR GUARDIAN** (Signature): \_\_\_\_\_

**PARENT/GUARDIAN NAME** (Printed): \_\_\_\_\_ **DATE:** \_\_\_\_\_



*Silver Gate Yacht Club*  
**Junior Sailing**

***Junior Sailing Safety and Behavior Guidelines***

Silver Gate Yacht Club Jr. Sailing is happy to have you participate in our sailing program. Sailing is a fun and exciting sport, and the skills you learn with us will stay with you for a lifetime.

We are providing a fleet of boats for your use. These boats are owned by the SGYC Foundation and maintained by SGYC volunteers. This equipment is expensive and must be treated with care. Intentional abuse of the equipment may lead to your removal from the program.

Silver Gate Yacht Club is a private, member-owned club. It is critical that you respect the yacht club property and the club members by following the guidelines listed below. Above all, your safety is our highest priority. These safety guidelines are designed for your protection and the enjoyment of all participants and club members.

- Coast Guard approved and properly-fitted life jackets must be worn at all times when you are on the docks or on the water. No exceptions.
- Appropriate closed-toe footwear must be worn at all times when you are on the docks, ramps and boats. Flip-flops are not considered appropriate footwear.
- All sailors new to our program will be required to pass a swim check on the first day of instruction.
- Sunglasses, hats and sunscreen are strongly recommended.
- Shoes and dry clothing (no wet swimsuits) are required in the clubhouse.
- Jr. sailors should use the designated restrooms.
- Jr. sailors are not allowed on the hoist pier or ladder, and are not allowed to operate the hoist.
- Jr. sailors are not allowed in the club bar.
- SGYC and the SGYC Foundation are not responsible for loss or damage to participant's property. Please leave expensive items such as electronics and jewelry at home.
- Do not board or touch the privately owned boats in the marina.
- No bike riding, rollerblading or skateboarding on the SGYC property.
- Your best conduct is expected at all times. No offensive language, actions or horseplay will be allowed.
- No running on the docks or ramps!
- All sailors are expected to help with rigging and launching of boats in the morning. At the end of the sailing session, junior sailors are expected to assist with cleaning and storing of the equipment.
- Jr. sailors should not leave the club property during program hours unless accompanied by a parent or guardian. SGYC program staff should be notified if you leave the premises.

I have read these guidelines and agree to abide by them:

Sailor's name: \_\_\_\_\_

Sailor's signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_