



**Captiva Island Yacht Club
Junior Sailing Camp - Registration Form**

Child Name: First _____ Last _____

Parent Name: First _____ Last _____

Gender: ___M ___F Birthdate _____ T-shirt size (child): S M L XL

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

Please indicate any prescription medications and/or allergies for the child:

Select Session:

Session I (June 11th-22nd) _____ (All Levels)

Session II-(July 16th ó July 27th) _____ (All Levels)

This is a 10 day program held from 9am to 4pm daily, Monday thru Friday. Children must be able to swim to participate in any activity. Children must be at least 8 on or before class starting date to participate in Sailing.

Contact Captiva Island Yacht Club at 472-9627/Accounting@CaptivaIYC.net or Lauren Davies for any additional questions or information.

**Please return completed registration form, waiver and \$500 check payable to Captiva Island Yacht Club on or before June 1st to:
Captiva Island Yacht Club- P.O. Box 1239, Captiva, FL 33924.**

CIYC Waiver Form for Use of Our boats and property

Waiver and release of all claims and assumptions of risk for use of CIYC property by participants in the CIYC Summer Sailing Program.

Please read this form carefully. Be aware that by signing this form and/or using CIYC property to participate in the CIYC Summer Sailing Program, you will be expressly assuming the risk & legal liability, and waiving & releasing all claims for injuries, damages, or loss which you might sustain as a result of participating in connection with, and/or associated with this type of activity on CIYC property.

- I further agree to waive & relinquish all claims I may have or that may accrue to me &/or my child(ren) by participating in such activity, or from using such property against the CIYC, including their respective officials, officers, employees, & volunteers (hereinafter collectively referred to as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that I &/or my child(ren) may have or which may accrue to me & or my child(ren) and arising out of connection with, or in any way associated with, the use of CIYC property for participation in the CIYC Summer Sailing Program.
- I recognize and acknowledge that there may be certain risks involved in participating in this type of activity and I voluntarily agree to assume the full risk of any injury, damage or loss that I and/or my child(ren) may sustain as a result of participation in such activity on CIYC owned property.
- I agree to wear a US Coast Guard approved personal floatation device (PFD)—life jacket, while participating in any activity. (This is a basic safety precaution and is required)
- I convey permission to publish my or my child(ren)'s photograph and/or likeness in media to include but not limited to newspapers, videos and/or photography.
- The participant (in any CIYC Summer Sailing Program) is Captain of his/her vessel during the activity/event.

I indemnify and hold harmless CIYC, any of its employees and/or volunteers/agents from any and all claims from my &/or child(ren)'s use of CIYC property.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver & release of all claims.

Adult/Parent or Guardian

Date

Print Name of Participant