



SPRAY BEACH YACHT CLUB

Junior Sailing

Sailing Student Information

Name _____ Date of Births _____ M or F

Boat Information

All associated boat equipment (hull, tiller, rudder, board, spars, mast, boom, PFD's, etc.) should be identified by placing sail number and name on it with indelible marker ink. SBYC will not be responsible for your personal boating equipment

Type of Boat _____ Sail Number _____ Hull Number _____

Statement of Understanding

The basic sailing course you are about to begin is an exciting and demanding challenge, but you need to be aware of what will be involved in the course and be willing to study and practice to achieve success.

A swim test is required of all sailors, which consists of swimming 50 yards in the waters of the area you will be sailing in. You will be wearing your sailing clothes and shoes.

You will be required to provide your own personal flotation device (PFD) which should be Coast Guard approved, the proper size for your weight and build, and be form fitting and comfortable, as you will be wearing it at all times during the course. Put your name on it with waterproof ink. Shoes will also be worn at all times, both in the boats and on the docks. Bring a change of clothes and a towel to each lesson.

I authorize that in entering this sailing course I agree to obey all program rules set forth by the Junior Sailing Chairperson, that I will use the utmost care in the use of the boats and equipment, that I will not engage in any horseplay or other disruptive behavior. I understand that failure to attend regularly, arrive promptly, and abide by the house rules may result in my suspension from the program.

Sailors Signature

Parent/Guardian Agreement

I understand the contents of this statement and agree to see to it that my child adheres to the program rules. I agree to assume the obligation for the expenses of repair and/or replacement of club program equipment that is attributed to my child's reckless or irresponsible behavior. I agree to make an appointment for Parent-Instructor conference if requested.

Parent/Guardian Signature

Date

Parent Contact Information

Parent Name _____

Phone Numbers (h) _____ (c) _____

Parent Name _____

Phone Numbers (h) _____ (c) _____

Emergency Contact Information

Please list names and numbers of those who can care for your child in case of emergency. The people listed must be able to drive to pick the child up if need be.

Name _____ Phone Number _____

Name _____ Phone Number _____

I authorize the program organizers or their employees to sanction emergency treatment if none of the above name can be contacted at the time of an emergency. I authorize and consent to first aid treatment rendered to the above named Junior member of Spray Beach Yacht Club by and Basic Life Support of Advanced Life Support personnel currently authorized to act as such in the State of New Jersey. It is understood that efforts will be made to contact the undersigned prior to rendering treatment but that treatment will not be withheld for failure to reach the undersigned.

Parent/Guardian Signature _____ Date _____

Medical Information

Physician _____ Insurance Co. _____

Name of Insured _____ Policy Number _____

Does your child have any of the following conditions?

Allergies Asthma Diabetes Epilepsy Heart Problems Other

Please specify and describe any medical conditions that the sailing staff should be aware of:

Is the student taking any medications that we should be aware of?