

St. Andrews Bay Yacht Club
Application Summer Sailing Program 2021
(850)769-2453



Schedule:

Check off the session(s) you or your child wish to attend.

- | | | |
|---|--|---|
| <input type="checkbox"/> Session 1 – June 7th - June 18th | <input type="checkbox"/> Morning (ages 5 – 12) | <input type="checkbox"/> Afternoon (ages 13-18) |
| <input type="checkbox"/> Session 2 – June 21st–July 2nd | <input type="checkbox"/> Morning (ages 5 – 12) | <input type="checkbox"/> Afternoon (ages 13-18) |
| <input type="checkbox"/> Session 3 – July 12th—July 23rd | <input type="checkbox"/> Morning (ages 5 - 12) | <input type="checkbox"/> Afternoon (ages 13-18) |
| <input type="checkbox"/> Session 4 – July 26 - August 6th | <input type="checkbox"/> Morning (ages 5 – 12) | <input type="checkbox"/> Afternoon (ages 13-18) |

END OF SUMMER SAILING Graduation, Last Friday of Each Session

Personal Information:

Sailor's First Name _____ Sailor's Last Name _____

Date of Birth ____/____/____ Age ____ as of 6/01/2021 Gender _____

Address _____ City/State/Zip _____

Mother's name/ Guardian _____ Phone (cell) _____ Phone (home) _____

Father's name/ Guardian _____ Phone (cell) _____ Phone (home) _____

Emergency Contact (other than parents) _____

E-mail address _____

Insurance Carrier: _____, ID#: _____

Personal Physician: _____, Phone: _____

Special Medical Conditions: _____

T-Shirt Size: Youth: S____ M____ L____ Adult: S____ M____ L____ XL____

Waiver: In consideration of my child participating in St. Andrews Bay Yacht Club Youth Sailing Program, I agree to accept risks of injury to my child, to hold St.ABYC, it's officers, Directors, Employees and members, harmless from any claims of any nature what so ever arising out of the activities

Parent/Guardian Printed Name _____ Signature _____ Date _____

Payment:

Regular Sailing Session Morning/Afternoon:

Member's Child: \$300 Non-member: \$400

Total: \$ _____

All Charges must be made with a Credit Card at time of Applying.

Please come by the Club to make payment with Jenny at

218 Bunkers Cove Rd

Panama City, FL 32401

Or Call at 850-769-2453 for over the phone payments Tuesday-Frida 9AM-2PM

Please include any other information in order to help give your child the best sailing experience possible.

Has your child attended St. Andrews Bay Yacht Club Junior Sailing before? Yes No

Has your child attended other sailing camps before? Yes No

If so, how many years or camps? Where? Which type of boats?

Check the skill level that describes his/her previous sailing experience. ___ Beginner ___ Intermediate ___ Advanced

Other sailing or boating experience, or any bad experiences on the water: _____

Friends signing up for the same session: _____

Special needs: _____

Other: _____

We will be asking for one parent to volunteer as the "Parent of the Day" to bring the "Snack of the Day". The first day of class, everyone can sign up and pick their day. If you would like to volunteer the very first Monday of camp, please let us know in advance, so we can give you a head count.

I would like to volunteer the very first Monday of camp.

The last Thursday of each session we plan a visitor's day. Do you plan on attending? Yes No

We will have a "Parent Day" where a parent can sign up to bring snacks for the day for their Sailor's class. If you would like to sign up give Jenny a call at the Club. 850-769-2453.

St. ANDREWS BAY YACHT CLUB WAIVER

Child's Name: _____

Parent / Guardian's Name: _____

Relationship to Child: _____

"I (We) the undersigned, parents or guardians of this applicant consent to his/her joining the St. Andrew's Bay Yacht Club Junior Program, and in consideration of the permission granted to the above named person to take advantage of the facilities offered in connection with the Junior Program activities, do hereby jointly and severally, for ourselves, our heirs, personal representatives and assigns, agree to indemnify and hold harmless the St. Andrew's Bay Yacht Club, its officers, personnel, agents and employees, acting officially or unofficially, against all suits, actions, claims, costs or demands, whether arising from sole or concurrent negligence or otherwise including those resulting from death, personal injury, and property damage, to which the St. Andrew's Bay Yacht Club, its officers, personnel, agents, and employees may be subject by reason of the said above named persons joining the St. Andrew's Bay Yacht Club Junior Program and taking part in its activities or his/ her presence on board any boats, piers, clubhouses, or any other places in connection with said Junior Program activities." Parents will be held responsible for boat damage beyond normal wear and tear.

"I (We) the undersigned parent, parents, or guardian of the applicant, a minor, understand that participation in this program is entirely at their own risk and that neither the StABYC Jr. Program Staff, St. Andrew's Bay Yacht Club, chaperones, sponsors, nor the organizing bodies or committees or individuals appointed or volunteering accept any liability for damage-material or personal suffered during this program, and do hereby authorize and consent to any X-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act on the staff of any acute general hospital holding a current license to operate a hospital from the State of Florida Department of Public Health or from any other state. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is not 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."

Signed: _____

Date: _____

Photo Release Waiver

I hereby grant permission to the St. Andrews Bay Yacht Club, and its officers, trustees, employees, agents, students, representatives, successors, licensees and assigns (hereinafter "St. Andrews Bay Yacht Club") to photograph my image, likeness, or depiction and/or that of my minor children (if applicable). I hereby grant permission to the St. Andrews Bay Yacht Club to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs. I hereby consent to and permit photographs of me and/or those of my minor children to be used by the St. Andrews Bay Yacht Club worldwide for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic. I understand that the St. Andrews Bay Yacht Club may use such photographs with or without associating names thereto. I further waive any claim for compensation of any kind for the St. Andrews Bay Yacht Club's use or publication of photographs of me and/or those of my minor children (if applicable). I hereby fully and forever discharge and release the St. Andrews Bay Yacht Club from any claim for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs of me and/or those of my minor children (if applicable) by the St. Andrews Bay Yacht Club, and covenant and agree not to sue or otherwise initiate legal proceedings against the St. Andrews Bay Yacht Club for such use or publication on my own behalf or on behalf of my minor children. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable. I acknowledge and represent that I am over the age of 18, have read this entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor children (if applicable).

Signed: _____

Date: _____