

St. Andrews Bay Yacht Club
Application Summer Sailing Program 2024
Gene: (850)769-2453 or Gene@stabyc.com



Schedule:

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Session 1 - June 3rd-June 14th | <input type="checkbox"/> Morning (ages 6 - 12) | <input type="checkbox"/> Afternoon (ages 13-18 or Skill Level) |
| <input type="checkbox"/> Session 2 - June 17th-June 28th | <input type="checkbox"/> Morning (ages 6 - 12) | <input type="checkbox"/> Afternoon (ages 13-18 or Skill Level) |
| <input type="checkbox"/> Session 3 - July 8th-July 19th | <input type="checkbox"/> Morning (ages 6 - 12) | <input type="checkbox"/> Afternoon (ages 13-18 or Skill Level) |
| <input type="checkbox"/> Session 4 - July 22nd- August 2nd | <input type="checkbox"/> Morning (ages 6 - 12) | <input type="checkbox"/> Afternoon (ages 13-18 or Skill Level) |

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 6/01/2024 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/Behavioral Conditions: _____

Medications: _____

T-Shirt Size: Youth: S____ M____ L____ YXL____ Adult: XS____ 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: \$375 Non-member: \$475

Total: \$ _____

All Charges are non refundable and must be made with a Credit Card at time of Applying in order to secure your sailor's spot.

Please include your payment with your application via a check attached or by credit card by filling out the form in the packet. You may email Jenny at jenny@stabyc.com to pay or can set up a day/time with her to come by her office to turn in registration and payment.

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Address _____ City/State/Zip _____

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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: _____

St. Andrews bay Yacht Club

Summer Sailing Credit Card Payment Authorization Form

Please complete all areas below. Please return filled out form with your application to Office manager.

CARDHOLDER- Please complete the following section and sign/date below.

Cardholder Name as it appears on the Credit Card:

Cardholder Billing Address:

City:

State:

Zip:

Daytime/Business Telephone:

Evening Phone:

Credit card Number:

Expiration Date:

Credit Card Security Code:

Credit Card Type (circle one): Visa

MasterCard

American Express

Discover

By signing below, you understand this is non-refundable and authorize St. Andrews Bay Yacht Club, Inc. to charge your card (listed above) for the total amount due on your Yacht Club account.

Cardholder Signature:

Date: