



# National Yacht Club Sailing & Racing School Opti Program

## Participant Information

Firstname: \_\_\_\_\_ Lastname: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Apt# \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ T- Shirt Size \_\_\_\_\_  
Date of Birth \_\_\_\_\_ (Minimum age 7 by July 1<sup>st</sup>) Male \_\_\_\_\_ Female \_\_\_\_\_  
Doctors Name \_\_\_\_\_ Contact # \_\_\_\_\_  
Health Card # \_\_\_\_\_  
Special Needs/Disability: \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes \_\_\_\_\_  
Allergies: \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes \_\_\_\_\_  
Medication: \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes \_\_\_\_\_  
Sailing Experience/CYA Levels: \_\_\_\_\_ Swimming Level \_\_\_\_\_

## Parent or Guardian Information

Parent\Guardian1 Firstname: \_\_\_\_\_ Lastname: \_\_\_\_\_  
Email: \_\_\_\_\_ H# \_\_\_\_\_ B# \_\_\_\_\_ C# \_\_\_\_\_  
Parent\Guardian 2 Firstname: \_\_\_\_\_ Lastname: \_\_\_\_\_  
Email: \_\_\_\_\_ H# \_\_\_\_\_ B# \_\_\_\_\_ C# \_\_\_\_\_  
Member Name (If Applicable) \_\_\_\_\_ Member# \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

## Escort Information

Please list the adults other than yourself, permitted to pick up your child from sailing school and who can be contacted in case of an emergency. Please provide the names of people who live locally (we would appreciate it if they lived within a 30 minute drive).

Name \_\_\_\_\_ H# \_\_\_\_\_ B# \_\_\_\_\_ C# \_\_\_\_\_  
Name \_\_\_\_\_ H# \_\_\_\_\_ B# \_\_\_\_\_ C# \_\_\_\_\_

## Program Choices

### 2010 White Sail & Bronze Sail

Course	Dates	Member Fee	Non Member Fee	Check
Opti Program 1	August 3 to August 13	\$385.00*	\$425.00*	
Opti Program 2	August 16 to August 27	\$415.00	\$455.00	

- No class August 2

## Method of Payment

Students will be registered upon receipt of a registration form accompanied by a deposit of 25% of course cost per child and postdated cheque dated May 1<sup>st</sup>, 2010 for the balance.

Registrations may be cancelled and deposits refunded less a \$25.00 service charge if written notice of cancellation is received 14 days prior to the start of course. No refunds for days missed.

Paid By: Cash \_\_\_\_\_ Cheque \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

Card# \_\_\_\_\_ Expiry Date \_\_\_\_\_

Cardholder (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_

- Tax receipt required

## Waiver

I understand that participation in the Youth Sailing & Racing School is at the Student's own risk. I waive all claims against the National Yacht Club; its directors, agents and/or employees (the Club) whether or not resulting from the Club's negligence and agree to indemnify the Club for any claim brought on my behalf against the Club.

Students must wear a Canadian Coast Guard approved lifejacket at all times while in the boat, abide by the rules, and co-operate with the instructors or risk expulsion.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

SESSION	<u>FOR OFFICE USE ONLY</u> TOTAL FEE	PAY TYPE
_____	_____	_____