

JIYC REGISTRATION and MEDICAL FORM

Thanks for Signing up for classes in our sailing program. FEE: \$300 per session / \$100 deposit required  
Cancellation within Three weeks of class date for a refund

Session 1 : June 9 - 20	<input type="text"/>	Sailing Experience:	<input type="text"/>
Session 2 : June 23 - July 3	<input type="text"/>		
Session 3 : July 7 - 18	<input type="text"/>	BIRTHDATE	<input type="text"/>
Session 4 : July 21 - Aug 1	<input type="text"/>	AGE	<input type="text"/>

CHILD'S NAME  GENDER  M / F ?

PARENT'S NAME

ADDRESS

HOME PHONE  CELL PHONE  PAGER

EMAIL ADDRESS

EMERGENCY PERSON TO CALL IF PARENTS CANNOT BE REACHED:

PHONE NUMBER:

PHYSICAL HANDICAPS ( Please Specify )

PSYCHOLOGICAL HANDICAPS ( such as anxieties, fears, hyperactivity, hypersensitivity )

CHRONIC AILMENTS ( Asthma, diabetes, epilepsy, etc. )

ALLERGIES ( Food, Bee stings, etc. )

FAMILY PHYSICIAN  PHONE

INSURANCE COMPANY  POLICY NUMBER

PARENT / GUARDIAN EMERGENCY TREATMENT AUTHORIZATION

I / We the undersigned parent, parents or legal guardian of the above names student, do hereby authorize and consent the program organizers or their employees of the James Island Yacht Club Sailing Program to Sanction emergency treatment if none of the above named can be contacted at the time of the emergency.

Signature:  Date:

Printed Name:

Please return this form and attached waiver to:

JAMES ISLAND YACHT CLUB  
 PO BOX 12840  
 CHARLESTON, SC 29422  
 843-795-6060 / FAX 795-6068

WAIVER FORM

NAME

PHONE

ADDRESS

I hereby waive and release any and all right and claims for damage that I may have with the James Island Yacht Club (JIYC) from all liabilities, actions, claims and demands, that I may now or in the future have against JIYC arising, directly or indirectly, out of my participation in the sailing program.

I represent that my physical and mental condition is adequate for me to sail, and that no physician or qualified individuals have advised me against sailing or related activities. I hereby consent to receive emergency treatment which may deemed advisable in the event of an accident and / or injury.

I further indemnify and all participants, agents and staff from any consequence arising out of my participation in the JIYC sailing program. I am aware that sailing is a physical activity with inherent risk of injury and / or death.

I hereby certify with my signature, that I am over 21 years old, and have read a fully understand this waiver.

SIGNATURE OF LEGAL GUARDIAN

DATE

SIGNATURE OF PARTICIPANT

DATE