



# Collins Bay Yacht Club Sailing School

## 2017 Adult Registration Form

Student Name\*: \_\_\_\_\_ Age\*: \_\_\_\_\_  
Address\* : \_\_\_\_\_  
City\*: \_\_\_\_\_ Province\*: \_\_\_\_\_ Postal Code\*: \_\_\_\_\_  
Phone Number (home)\*: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Daytime Phone No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Email Address\*: \_\_\_\_\_ Swimming Ability: \_\_\_\_\_  
Previous Sail Canada Level completed: \_\_\_\_\_  
Where/How did you hear about the CBYC Sailing Program: \_\_\_\_\_

### FEES

Adult **\$475 per session (no HST)**  
**\*\$50.00 discount for registration by May 1st**

*CBYC full members, spouse, children and grandchildren \$450 (no HST)*

### Program Dates

#### Adult

Session 1  Weeknights of July 3rd to 14th  
Session 2  Weeknights of July 31st to August 11th

*Adults interested in CANSail 3 and 4, please contact the Sailing School Administrator to discuss options.*

I agree that core contact information marked with \* above will be shared with Ontario Sailing and Sail Canada and Governments that require statistical information for funding purposes. Our club/school, Ontario Sailing or Sail Canada will not sell, lease, rent or use this contact information for any commercial purposes, other than Ontario Sailing may send (on behalf of a potential sponsor) promotional information.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail registration form and a cheque payable to: **CBYC Sailing School**

**Collins Bay Yacht Club Sailing School**  
2086 Balantrae Circle  
Kingston, ON K7M 9H7

**CBYC Sailing School Refund Policy: Refunds will be made only in exceptional circumstances and at the discretion of the Sailing School Director.**



# CBYC Sailing School

## Medical Information Form & Waiver - Adult

*This information is being collected for sailing school purposes only it will not be divulged to any third party except to a medical professional in the event of an emergency.*

Student Name: \_\_\_\_\_

Date of Birth\*: \_\_\_\_-\_\_\_\_-\_\_\_\_ (dd-mm-yy)

Ontario Health Card Number: \_\_\_\_\_

In case of an emergency, contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Do you suffer from any of the following:

Seizure or convulsions  blackout or fainting spells

Heart problems  asthma or lung problems

Food or insect allergies  Other medical issues

Are you taking any medication? Yes  No

If you answered yes to any of the above please give details

Are all shots up to Date: Yes  No  Family Doctor: \_\_\_\_\_

Any activity Restrictions: \_\_\_\_\_

### **Waiver of Liability**

I, \_\_\_\_\_ (print full name) ("the participant") hereby agree to indemnify and hold the "Collins Bay Yacht Club Sailing School" or "Collins Bay Yacht Club" or "Collins Bay Marina" harmless from and against any and all claims for personal injury to the participant or any other persons, or damage to any persons property, caused in connection with the participants use, operation or possession of any watercraft or participation in any activities within the Sailing School program.

The participant hereby waives any right to commence any action or proceeding against the "Collins Bay Yacht Club Sailing School" or "Collins Bay Yacht Club" or "Collins Bay Marina", their agents, employees, or representatives, for any action, cause of action or claim in any way arising in any way including negligence on behalf of the "Collins Bay Yacht Club Sailing School" and "Collins Bay Yacht Club" and "Collins Bay Marina", from the participant's use, operation or possession of any watercraft or participation in the Sailing School activities.

Further I authorize staff of the Collins Bay Yacht Club Sailing School to take me for medical attention if I become sick or injured while at the sailing school and unable to look after myself.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Witness name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Questions or Concerns? Please contact Keith Davies at 613-531-0475  
or by email at [school-cbyc@collinsbaymarina.com](mailto:school-cbyc@collinsbaymarina.com)**