



Collins Bay Yacht Club Sailing School

2017 Youth Registration Form

Student Name*: _____

Address (Street & Number)* _____

City*: _____ Province*: _____ Postal Code*: _____

Phone Number (home)*: ____-____-____

Parent Name: _____ Daytime Phone No: ____-____-____

Parent Name: _____ Daytime Phone No: ____-____-____

Email Address*: _____

Swimming Ability: _____

Previous Sail Canada Level completed: _____

Where/How did you hear about the CBYC Sailing Program: _____

FEES

CANSail 1 & 2 \$550(no HST) per 2 week session*

CANSail 3 & 4 \$600 (no HST) per 2 week session*

Register before MAY 1st and receive \$50.00 discount. Check with Sailing School Administrator re multi sibling and multi session discounts

There is a \$25 discount for Children and Grandchildren of full members of Collins Bay Yacht Club

Cansail 1&2

- | | | |
|-----------|--------------------------|---|
| Session 1 | <input type="checkbox"/> | July 3rd to 14th |
| Session 2 | <input type="checkbox"/> | July 17 th to 28 th |
| Session 3 | <input type="checkbox"/> | July 31 st to August 11th |
| Session 4 | <input type="checkbox"/> | August 14 th to 25th |

Cansail 3 & 4

- | | | |
|-----------|--------------------------|---|
| Session 1 | <input type="checkbox"/> | July 3rd to 14th |
| Session 2 | <input type="checkbox"/> | July 17 th to 28 th |
| Session 3 | <input type="checkbox"/> | July 31 st to August 11th |
| Session 4 | <input type="checkbox"/> | August 14 th to 25th |

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.

Parent/Guardian Name: _____ Signature _____

**Any Questions or Concerns? Please Call Keith Davies at 613-531-0475
or Email School-cbyc@collinsbaymarina.com**



CBYC Sailing School Medical Information Form
Youth

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*: _____ - _____ - _____ (mm-dd-yy)

Ontario Health Card Number: _____

In case of an emergency, contact: _____

Name: _____ Daytime Phone No: ____ - ____ - ____

Does the student suffer from any of the following:

Seizure or convulsions blackout or fainting spells

Heart problems asthma or lung problems

Food, insect allergies Other medical issues

Is the student allergic to any medication Yes No

Is the student taking any medication? Yes No

If you have answered yes to any of the above please provide details: _____

_____ (continue overleaf)

Are all shots up to Date: _____ Family Doctor: _____

Any activity Restrictions: _____

I _____ (insert name) authorize staff of the Collins Bay Yacht Club Sailing School to take my child for medical attention if my child become(s) sick or injured while at the sailing school and unable to look after himself/herself/myself.

Like all water activities sailing involves a level of risk, including but not limited to serious injuries from being struck by a part of the boat or drowning. I agree to allow my child to participate in this school, knowing there are physical risks and hazards inherent in water and shore based activities organized by Collins Bay Yacht Club Sailing School. I voluntarily agree to allow my child to participate in these activities. By voluntarily allowing participation, I agree that I am exposing my child to inherent risks and hazards and I agree to accept all risks and hazards and be responsible for any injury or other loss which may occur during the participation of my child in all activities.

Signature _____ Date _____

(Signature required of parent or legal guardian for youth student)

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.

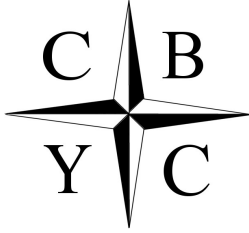


Photo Consent Form

I hereby give permission to CBYC Sailing School to use, publish or reproduce photograph(s) of me and/or my child for promotional or other purposes via the club/marina website or any other medium. In no case will I or my child be identified by name without my explicit permission.

Child's Name: _____ Age: _____

Parent's or Guardian's Name: _____

Parent's or Guardian's Signature: _____

Address: _____

Date: _____