



# Collins Bay Yacht Club Sailing School

## 2020 Youth Registration Form

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number (home): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Parent name: \_\_\_\_\_ Phone number (daytime): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Parent name: \_\_\_\_\_ Phone number (daytime): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email address: \_\_\_\_\_

Swimming ability: \_\_\_\_\_ Previous Sail Canada level completed: \_\_\_\_\_

Where/how did you hear about the CBYC Sailing Program? \_\_\_\_\_

### FEES

<b>CANSail 1+2</b>	<b>\$600</b>	<b>per 2-week session</b>
<b>CANSail 3+4</b>	<b>\$650</b>	<b>per 2-week session</b>
<b>CANSail 5+6 (double-handed)</b>	<b>\$1,300</b>	<b>per 4-week session</b>
<b>CANSail 5+6 (single-handed)*</b>	<b>\$1,150</b>	<b>per 4-week session</b>

Early registration discount (before May 1<sup>st</sup>): \$50.

CBYC membership discount (children and grandchildren of full members): \$25.

Multiple registration discount (more than one child or multiple session): contact the Sailing School.

\* CANSail 5+6 single-handed students must provide their own Laser Radial.

Fees are HST exempt (non-profit organization).

**CANSail 1+2**  Beginner  
**CANSail 3+4**  Intermediate

**Session 1**  June 29 to July 10  
**Session 2**  July 13 to 24  
**Session 3**  July 27 to August 7  
**Session 4**  August 10 to 21

**CANSail 5+6 double-handed**   
**CANSail 5+6 single-handed**

**Four-week course**  July 27 to August 21

I understand and agree that contact and personal information will be used by the CBYC and CBYC Sailing School for club and school business, shared with Collins Bay Marina, Ontario Sailing and Sail Canada for insurance and other purposes, and with Canadian and Ontario government agencies that require statistical information for funding purposes. CBYC, Collins Bay Marina, Ontario Sailing or Sail Canada will not sell, lease, rent or use this information for any commercial purposes, other than Ontario Sailing may send promotional information (on behalf of a potential sponsor). I also understand that personal information will be uploaded in the Checklick™ online system, and understand and accept the Checklick terms of service as detailed online at <https://www.checklick.com/terms/>.

Parent/guardian name: \_\_\_\_\_ Signature \_\_\_\_\_

**For any questions, contact the CBYC Sailing School by telephone at 613-384-8660  
or by email at [school@collinsbayyachtclub.ca](mailto:school@collinsbayyachtclub.ca).**

*Refund policy: Refunds will be made only in exceptional circumstances.*



# CBYC Sailing School Medical Information Form Youth

*This information is 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: \_\_\_\_\_

Ontario health card: \_\_\_\_\_ Family doctor: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone number (daytime): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Does the student suffer from any of the following?

- |  |   |
|--|---|
| <input type="checkbox"/> Seizures or convulsions | <input type="checkbox"/> Blackouts or fainting spells   |
| <input type="checkbox"/> Heart problems          | <input type="checkbox"/> Asthma or respiratory problems |
| <input type="checkbox"/> Food, insect allergies  | <input type="checkbox"/> Other medical issues           |

Is the student allergic to any medication?  Yes  No

Is the student taking any medication?  Yes  No

Provide details, if applicable: \_\_\_\_\_

\_\_\_\_\_

Are the student's vaccinations up to date?  Yes  No

Indicate any activity restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ (print name) authorize staff of the Collins Bay Yacht Club Sailing School to take my child for medical attention if my child becomes sick or is injured while at the sailing school and unable to look after him/herself.

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.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail your registration, medical information and photo consent forms and cheque to:

**Collins Bay Yacht Club Sailing School**  
**P.O. Box 20060**  
**775 Strand Blvd.**  
**Kingston ON K7P 2S7**



## **Photo Consent Form Youth**

I hereby give permission to Collins Bay Yacht Club 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.

Student name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_