

Collins Bay Yacht Club Sailing School

2024 Adult Registration Form (v 2.0)

Name:			Date of birth:		
Address:					
City:	Prov	ince:	Postal Code:		
Phone number (home):			number (daytime):		
Email address:			anada level completed:		
<u>FEES</u>					
Start Keelboat Sailing (SKS)\$600 per session*Adult Dinghy Sailing (CANSail 1&2)\$510 per session*					
CBYC membership discount (full members): \$25. Multiple registration discount (spouses enrolled together or parents of CBYC youth students): \$50 per person/session. (only applies to Adult Start Keelboat Sailing (SKS) courses.)					
* Fees are HST exempt (non-p * <i>Refund policy: Refunds wi</i>	-	otional circu	nstances.		
Start Keelboat Sailing	weekend session		(start date)		
	weekday session		(start date)		
Adult Dinghy Sailing	weekday session	□	(start date)		

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 ChecklickTM online system, and understand and accept the Checklick terms of service as detailed online at https://www.checklick.com/terms/.

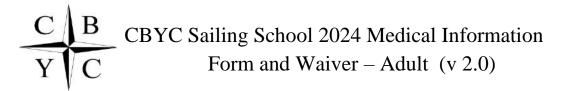
Name: ______ Si

Signature _____

For any questions, contact the Sailing School by telephone at 613-384-8660 or by email at <u>school@collinsbayyachtclub.ca</u>.

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



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):		
Do you suffer from any of the following?			
Seizures or convulsions	Blackouts or fainting spells		
Heart problems	Asthma or respiratory problems		
Food, insect allergies	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 your vaccinations up to date? Indicate any activity restrictions:	Yes No		

Waiver of Liability

I, ______ (print full name) ("the participant") hereby agree to indemnify and hold the "Collins Bay Yacht Club Sailing School" and "Collins Bay Yacht Club" and "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" or "Collins Bay Yacht Club" or "Collins Bay Marina", from the participant's use, operation or possession of any watercraft or participation in the Sailing School activities.

Sailing, like all water activities, 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 participate in sail training knowing there are physical risks and hazards inherent in the on-water and shore-based activities organized by Collins Bay Yacht Club Sailing School. By voluntarily participating in these activities, I acknowledge that I am exposing myself 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 my participation in all activities.

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 am unable to look after myself.

Witness name: ____

_ Signature: _

Date:



Photo Consent Form Adult

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

Student name: ______

Student signature:	Date:
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