



Collins Bay Yacht Club Sailing School

2024 Adult Registration Form

Name: _____ Date of birth: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone number (home): ____-____-____ Phone number (daytime): ____-____-____

Email address: _____

Swimming ability: _____ Previous Sail Canada level completed: _____

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

FEES

Start Keelboat Sailing \$600 per session

CBYC membership discount (full members): \$25.

Multiple registration discount (spouses or more than one session): \$50 per person/session.

* Adult dinghy courses are also available and follow CANSail 1+2 programming. If interested, contact us for more information.

Fees are HST exempt (non-profit organization).

Start Keelboat Sailing weekend session _____
(start date)

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

Name: _____ Signature _____

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

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



CBYC Sailing School Medical Information Form and Waiver Adult

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 you 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 your vaccinations up to date? Yes No

Indicate 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” 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.

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.

Signature: _____ Date: _____

Witness name: _____ Signature: _____

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 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: _____