



Melbourne Yacht Club

Introduction

Welcome to the Melbourne Yacht Club's 2017 sailing education program. The sailing class are an exciting and demanding challenge, and the sailor needs to be aware of what will be involved and be willing to study and practice to achieve success. The goal is to become a safe and independent small boat sailor and to be exposed to sport of sailing in general.

A swim test is required of all students, which consists of swimming 50 yards in the waters of the area you will be sailing in, while wearing sailing clothing and footwear.

The sailor will be required to provide a life jacket (type III) that is Coast Guard approved, the proper size for your weight and build, and be form fitting and comfortable, as you will be wearing it at all times during the course. Put your name on it with waterproof ink. A whistle attached to the life jacket is also required. Proper footwear, with soft, non-marking soles will also be worn at all times, both on land and on the water.

Please detach the forms below then fill it out and send back to MYC with a deposit check. Parents of sailors 8-18 yrs old will need to also sign the registration and agreement forms. We look forward to seeing you in class and on the water. Registration must be complete by the start of the first class.

MYC Sailing Class Advance Registration Form

Please register (students name) _____ in the Melbourne Yacht Club Sailing Class Session__ starting (date)_____. The total fee for this class is \$_____; I have attached a check for the non-refundable deposit (see below). The balance will be paid on or before the first day of class.

Adult and Youth 420 Beginner Classes:	\$175 non-MYC Members; Deposit \$75, \$100 due at or before first class \$150 MYC Members; Deposit \$75; \$75 due at or before first class
Youth Opti Beginner, Advanced Sailing:	\$100 non-MYC Members; Deposit \$25, \$75 due at or before first class \$25 MYC Members; Deposit \$25; \$0 due at or before first class
Summer Camp Fee:	\$225 non-MYC Members; Deposit \$75, \$150 due at or before first class \$175 MYC Members; Deposit \$75; \$100 due at or before first class

I have read the attached Introduction and Participation Agreement and agree to the requirements as described.

Signature: _____ Date: _____

Contact information: Name _____
E-mail _____
Phone _____

Please return completed forms and deposit to: Melbourne Yacht Club
Please send by mail. MYC does not have an office where it can be dropped off. Attention: Sailing Education Classes
1202 East River Drive, Melbourne, FL 32901



Melbourne Yacht Club

Participation Agreement for

(Please Print Sailor's Name) _____

I understand that in entering this sailing course I agree to obey all program rules as set forth by the program director and the instructors, that I will use the utmost care in the use of the boats and equipment; that I will not engage in any horseplay or other disruptive behavior. I understand that failure to attend regularly, arrive promptly, or abide by the rules may result in my dismissal from the program.

I assume full responsibility for any loss or damage, excepting loss or damage covered by insurance, which may come to any person, boat, equipment, pier, float, or other property used in conjunction with this course as the result of improper use, negligence, violation of the rules, and other acts of sailors, or other representatives of the club. I accept that the sport of sailing and the conduct of this course entail and are subject to certain inherent risks and assume all risks on land and water of participation in this program. I further agree to hold the club, instructional program, and their representatives harmless for personal injuries and/or property damage.

Participant's Signature _____

Date: ___/___/____.

Can you swim approx. 50 yards, using any stroke, in sailing clothing and shoes/boots?

___ Yes ___ No ___ Not sure

Will you be available for all lessons?

___ Yes ___ No

Your previous sailing experience:

What personal goals do you hope to achieve by taking this course? _____

Parental/Guardian Agreement (if student is a minor):

I understand the contents of this statement and agree to see to it that my child adheres to the program rules. I agree to assume the obligation for the expenses of repair and/or replacement of program equipment that is attributable to my child's reckless or irresponsible behavior. I agree to make an appointment for a parent-instructor conference if requested.

Parent/Guardian's Signature _____

Date: ___/___/____.



Melbourne Yacht Club

Medical & Emergency Information

(This form must be completed and signed by you or your parents (if you are a minor) and turned in prior to the start of your course.)

Name: _____ Birth Date: ___/___/____ Sex: M / F

Address: _____
No. Street City State Zip

Do you have a history of, or do you currently have, any physical limitations, learning disabilities, allergies, or other limitations that might prevent you from fully participating in this course? __ Yes __ No If yes, please specify what limitations you have:

Please check any that apply and provide necessary information:

Chronic Ailments:

- Asthma, or other respiratory problems ___[]_____
- Circulatory or heart problems ___[]_____
- Diabetes or hypoglycemia ___[]_____
- Epilepsy ___[]_____
- Hemophilia, or other blood problems ___[]_____

Allergies:

- Insect Bites ___[]_____
- Bee Stings ___[]_____
- Foods ___[]_____
- Drugs ___[]_____
- Others, if significant ___[]_____

Current medications or pertinent information _____

Date of last tetanus shot: ___/___/____

Family Physician Name: _____ Phone: _____

Date of last physical examination: ___/___/____

Insurance Carrier: _____ Insurance ID#: _____



Melbourne Yacht Club

Medical & Emergency Information

Who should be notified in case of emergency?

Name: _____ Relation: _____

Phone: _____ or _____

Name: _____ Relation: _____

Phone: _____ or _____

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the Education Law and/or Public Health Law of the State of Florida and on the staff of any hospital holding a current operating certificate issued by the Department of Health of the State of Florida. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being rendered but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the above people prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if any of these people cannot be reached.

Signature _____ Date: ___/___/_____

Applicant, or Parent/Guardian (if a minor)

PHOTO RELEASE

The Melbourne Yacht Club Sailing Education has my permission to use my or my child's photograph publicly to promote the sailing education program. I understand that the images may be used to publish print or digital media. I hereby release and hold harmless Melbourne Yacht Club from any reasonable expectation of privacy or confidentiality associated with the images.

I also understand that my participation is voluntary and no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature _____ Date: ___/___/_____

Applicant, or Parent/Guardian (if a minor)