

CORINTHIAN YACHT CLUB OF PHILADELPHIA

2017 Fall High School Sail Racing Program

(Full Program)

Monday September 11 - Sunday November 05 2017

2 Practices per week: 3:30-6:00 PM

Sunday Racing First Start NOON Last Start 3:00PM : Sept. 17 through Nov.5

Plan to be on site 45 minutes before first start Assignments 25 minutes before first start  
Sailors not on site for assignments may not receive assignment

Sailor's Name \_\_\_\_\_ cell phone \_\_\_\_\_

High School \_\_\_\_\_ Grad Year \_\_\_\_\_

Sailors Email address \_\_\_\_\_

Mother's Name \_\_\_\_\_ cell phone \_\_\_\_\_

Father's Name \_\_\_\_\_ cell phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Email \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zipcode \_\_\_\_\_

Expect a mass email Friday September 08 Check Spam and/or permit sailmaster@cycop.com

**Cost \$ 600 \$ 25 Discount if payment *received* before August 31**  
**CYCoP Members Cost \$575 Early Payment discount can apply**  
**Includes Boat Lease Fee, Club Use Fee, Insurance Coverage, Coaching Costs**  
  
*Transportation, Uniforms, Life jacket and weather appropriate clothing are not included in these costs.*  
  
\$ \_\_\_\_\_ is enclosed  
**(Checks made payable to Corinthian Yacht Club of Philadelphia; larger teams may collect fees and submit a single check to CYCOP)**

Note: Space is limited and on a first come first served basis  
Sailors may not participate until this THREE PAGE FORM form is submitted with payment  
Parental Signatures REQUIRED on Waiver - Med Slip and Statement of Understanding

**RELEASE OF LIABILITY, ACKNOWLEDGEMENT OF RISKS AND AGREEMENT NOT TO SUE  
READ CAREFULLY BEFORE SIGNING  
YOU ARE GIVING UP SUBSTANTIAL RIGHTS**

In consideration of being permitted to enter the premises of the Corinthian Yacht Club of Philadelphia and to participate in the Corinthian Yacht Club Learn to Sail Program, I,

\_\_\_\_\_ the undersigned, acknowledge, appreciate and agree that:  
(PRINT NAME)

1. The *risk of injury from the activities involved in this program is significant*, including the potential for *permanent paralysis and death*, and while particular skills, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CORINTHIAN YACHT CLUB OF PHILADELPHIA**, its officers, trustees, members, employees and agents (“Releasees”), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property associated with my presence or participation, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent of the law; and,
3. Any claims or disputes arising from my participation in this program shall be tried in the Court of Common Pleas of Delaware County, Pennsylvania.

**BY SIGNING THIS RELEASE OF LIABILITY, I AGREE TO ACCEPT ALL RISKS OF INJURY AND AGREE NOT TO SUE THE CORINTHIAN YACHT CLUB OF PHILADELPHIA OR IT OFFICERS, TRUSTEES, MEMBERS, EMPLOYEES AND AGENTS IF I AM INJURED WHILE ON THE PREMISES OF, OR USING THE FACILITIES OF THE CORINTHIAN YACHT CLUB OF PHILADELPHIA.**

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND ACKNOWLEDGE THAT I SIGN FREELY AND VOLUNTARILY WITH ANY INDUCEMENT.**

\_\_\_\_\_  
Participant Signature:

\_\_\_\_\_  
Witness Signature:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth- \_\_\_\_\_

If a Minor; by: \_\_\_\_\_

Corinthian Yacht Club of Philadelphia  
P.O. Box 366  
300 W. 2<sup>nd</sup> St. Essington, PA 19029  
cycop.com

Please direct any questions to

Mr R ( Angus Robertson ) [sailmaster@cycop.com](mailto:sailmaster@cycop.com) 610.764.9092 Cell 610.521.4705 Club

Sailor's Name \_\_\_\_\_

cell phone \_\_\_\_\_

High School \_\_\_\_\_

Grad Year \_\_\_\_\_

Mother's Name \_\_\_\_\_

cell phone \_\_\_\_\_

Father's Name \_\_\_\_\_

cell phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zipcode \_\_\_\_\_

Doctor \_\_\_\_\_

Address \_\_\_\_\_

City State \_\_\_\_\_

Allergies \_\_\_\_\_

Medication \_\_\_\_\_

Medical problems \_\_\_\_\_

## MLSA FALL 2017

the undersigned hereby authorizes CORINTHIAN YACHTCLUB AND ITS AUTHORIZED REPRESENTATIVES to obtain such EMERGENCY MEDICAL TREATMENT as may be required for the protection of the health and well being of \_\_\_\_\_

Sailors Name

I further release, indemnify and hold harmless CORINTHIAN YACHT CLUB & ITS AUTHORIZED REPRESENTATIVES from obtaining and securing such medical treatment.

X \_\_\_\_\_ F14

Parent signature

### Statement of Understanding

- Sailors are expected to be able to swim 75 Yards in sailing clothing and meet the minimum standards for sailing skills. They should be self rescuing and be competent to recover a Sailor overboard and dock DOWNWIND
- Sailors are REQUIRED to provide and wear Cold Water Equipment when the combined water / air temp <120 F
- Sailors are expected to be released on their own recognizance after leaving Piers.
- Off Water supervision is not supplied unless contracted for.
- Unruly, disrespectful, rowdy, vulgar, undisciplined behavior will not be tolerated. Sailors exhibiting these behaviors may lose privileges in the program. Repeated offensive behavior may require parental involvement to correct the problem. Continued offensive behavior may result in removal from program.
- Unsafe and/or violent behavior is forbidden and may result in immediate removal from program.
- *There will be no refunds for unused portion of program.*

Please Print Parents Name \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

Please Print Sailors Name \_\_\_\_\_