

CORINTHIAN YACHT CLUB OF PHILADELPHIA

2018 Spring High School Sail Racing Program (RACING ONLY Program)

Sunday April 8 - Sunday June 3 2018
Sunday Racing First Start NOON Last Start 3:00PM
No Racing Memorial Day Weekend

Plan to be on site 45 minutes before first start Assignments 30 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 March 23 Check Spam and/or permit sailmaster@cycop.com

Cost \$ 450 \$ 25 Discount if payment received before March 16

CYCoP Members Cost \$400 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. 2nd St. Essington, PA 19029
cycop.com
Please direct any questions to

Mr R (Angus Robertson) 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 _____

MLSSA SPRING 2018

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 _____