

# THE CORINTHIAN YACHT CLUB OF PHILADELPHIA

## 2018 Adult Learn to Sail and Skill Building Program

Session I: Thursday evenings June 7th, June 14th, June 21nd

Session II: Thursday evenings June 28<sup>th</sup>, July 5<sup>th</sup>, July 12<sup>th</sup>

Welcome to attend both sessions

5:45pm to sunset

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Email address: \_\_\_\_\_

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

Emergency Contact Name \_\_\_\_\_

Emergency Contact number \_\_\_\_\_

Member category            \_\_\_Member            \_\_\_ Non-Member

Sailing level:                \_\_\_Novice                \_\_\_Intermediate

Comments about your sailing experience:

### Sessions:

Please indicate which sessions would you like to attend:

Session I \_\_\_                      Session II \_\_\_                      Both Sessions\_\_\_

### Cost:

Session I or II: \$155 for CYC members/ \$195 non-members

Both sessions: \$250 for CYC members /\$330 for non-members

### Payment:

\$ \_\_\_\_\_ check is enclosed, bill my CYCOP membership # \_\_\_\_\_,

Please email to (accounting@cycop.com) or mail this form with payment to:

The Corinthian Yacht Club

P.O. Box 366

Essington, PA 19029

Attn: Adult Learn to Sail Program

I, \_\_\_\_\_, will be participating in the use of CYCOP's waterfront and/or vessel, as captain, crew, or spectator, and understand that **I will be exposed to above normal inherent risks of accident, injury or death.**

In consideration of and as a strict condition of my use of said waterfront and/or vessel, I intend to be legally bound by this **AGREEMENT, WAIVER and RELEASE**. I also understand that I share the responsibility with each crew member for my safety and the safety of all on board, or using the waterfront facilities. I acknowledge the risks and therefore assume personal responsibility for them.

Further, I acknowledge that I have verified with my physicians that I have no physical or psychological conditions that would prohibit or adversely effect my participation in use of said facilities. I will disclose and discuss any concerns that I have about my physical or emotional abilities and the condition of the facilities and/or vessel and her equipment and my decision to participate is made solely in my discretion and responsibility.

As captain, crew, or spectator, **I assume all risks of accident, injury, and loss of life**, for myself and my heirs, executors, administrators and personal representatives. **I do hereby fully and forever release and discharge and will not sue or otherwise make a claim against CYCOP**, its officers, directors, employees, agents and members and their respective successors and assigns, as well as the captain and crew, **RELEASES**, from and against any and all present and future claims, injuries, damages, causes of action, expenses of the crews of any vessels and each of their respective successors, jointly and severally, (including attorney's fees and court costs), rights of contribution, indemnification and any and all other liabilities of any kind or of any nature whatsoever, foreseeable or unforeseeable, that I or any person or entity claiming by or for me, may have or claim to have in the future. I wish to enjoy the waterfront facility and/or vessel, its appurtenances, equipment, recreational facility/activity and ancillary activities arising from said use and freely give up legal rights as set forth in this **RELEASE**.

I further understand that the foregoing **RELEASE** includes, without limitation, waiver of any and all claims of injuries, damages, causes of action, expenses, rights of contribution and indemnification and any and all other liabilities which are caused in whole or in part by the negligence or claimed negligence or wrongdoing of any persons aforesaid.

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

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

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

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

Member ID# \_\_\_\_\_

Guest Of \_\_\_\_\_

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

If a Minor; by: \_\_\_\_\_, a parent or guardian.

Hi Everyone,

I am so glad you are planning to participate in the Learn to Sail Program this year. Our first Learn to Sail class is on Thursday, June 7th at 5:45PM. Come 10 min. early if you can so you can fill out any forms that you may not have done before hand. For members, we will be charging your account for the sessions you are taking. For nonmembers, please send a check to the club. Application form, release of liability form and the flyer with the dates of the classes and the costs are attached.

We have a fun program scheduled in the Flying Scots, Vanguard 15s and J22s. We plan to sail if there is light rain so please dress appropriately. If there is chance of thunderstorms please still come to the club. Many times it goes through quickly and we still have plenty of sailing time on the water. We also have a very good lesson plan on land for those non wind or thunderstorm evenings.

If you have a lifejacket please bring it with you. If you do not own one we will provide one for you. Please wear sneakers or boating shoes, no flip flops. Also for women with long hair either wear a hat or make sure it tied back so you can see those puffs on the water. Baseball hats are not always the best choice as it makes it hard to see the boom. Polarized Sunglasses will make your experience much better. ( WalMart polarized fishing glasses are great ! )

Please consider staying afterwards to enjoy a drink and dinner at the club. If you are a non member, you can leave your credit card information with our manager for the weeks you are sailing at the club. Menu Choices and Signup sheets should be filled out before each Thursday if you plan to stay for dinner.

If you are not able to attend a class **please let me know as soon as possible**. If you plan to be late, which can happen with work issues and traffic, please either call the club ( 610-521-4705) or my cell.

See you soon.

***Drew Conboy,***  
***Director of the Adult Learn to Sail Program***  
***dconboy@drexelcs.com***  
***610.653.1022***

Angus Robertson sailmaster@cycop.com