



YOUTH SAILING

• IYC Youth Sailing Program Application • • Summer 2010 •

Name of Applicant: _____

Date of Birth: _____ Approx. weight _____

Name of Parent or Grandparent:

Phones: _____

Current/Mailing Address:

Summer Address(if different):

Summer Phone: _____

Sailing experience and previous instruction
(where, when, what boats):

____ Check here if you are interested in becoming an
Instructors Assistant. This will depend on your age,
experience and the discretion of the Head Instructor.

Will the applicant supply own boat? Boat must pass IYC
inspection: see Mike Meszaros (415) 669-1000 for approval.

Optimist: __ Laser__ FJ__ el Toro__ Sail No.: _____

Is the applicant the child or grandchild of an Inverness Yacht Club
member? __yes __no

If so, name of parent family: _____

Check session desired:

To help us create a balance of abilities between the two sessions,
please indicate whether our schedule allows attendance to either
session (and which session that is) or if only one session is
acceptable.

____ Session I, June 21 through July 9

____ Session II, July 19 through August 6

____ I can attend only the one session checked above

____ I can attend either session; my first choice is checked

Please enclose \$725 as payment in full.

Signed: _____

Relationship to applicant: _____

e-mail Addresses:

Yours: _____

Applicant: _____

Other: _____



YOUTH SAILING



• IYC Youth Sailing Program Permission and Responsibility Waiver •

— Summer 2010—

I give permission for my child, _____, to participate in the IYC Youth Sailing Program and Recreation Program and to go on all Youth Sailing and Recreation excursions during the months of June, July, and August. I agree to indemnify and hold harmless the instructors and leaders of these programs, the Inverness Yacht Club and its Officers, Directors and Employees, and absolve them of any responsibility should an injury occur to my child, notwithstanding any fault or neglect of any of them. I further agree to be responsible for and promptly reimburse the IYC for any damage that may be done to IYC boats or facilities used by my child or children.

I further give permission for my child to receive medical treatment from any licensed physician in the event of an emergency.

My child, _____, has the following allergies, medical or special learning conditions:

In case of emergency, please notify:

Name: _____

Phone: _____

Name: _____

Phone: _____

I understand that acceptance of my child as a student in the Youth Sailing and Recreation Program of the Inverness Yacht Club is subject to:

- [a] Space availability.
- [b] The demonstrated ability of the student to pass a swimming qualification.
- [c] The requirement that the student must provide and wear a Coast Guard approved Type III life jacket.
- [d] The requirement that the student provide and wear a wet suit and closed toed shoes.
- [e] The student following the direction of the Program Instructors and Staff.
- [f] The understanding that drugs, alcohol or cigarettes brought on to the Club's property or to any Youth Sailing activity will result in dismissal.

Date: _____

Applicant Name: _____

Applicant Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

THIS FORM MUST ACCOMPANY APPLICATION

NOTE: Please complete one set of forms for each student to be enrolled and enclose the waiver form and a check for the full amount of registration.

Return to: Barbara Jones, Registrar, 430 Sequoia Ave., Redwood City, CA 94061.

Refund Policy: A full refund is granted if the student withdraws one week or more before the session starts. There may be a partial refund if withdrawal precedes the beginning of class. No refunds are given once the class has started. **All students must be present on the first day of the session or their application will be considered canceled and all money will be forfeited.**



YOUTH SAILING



• IYC Youth Sailing Program •

— 2010 T- Shirt Order Form—

Each child accepted into the Program will receive a T-shirt as part of their application fee. Please indicate below the size of T-shirt requested and write “\$0” for the dollar amount.

Additional T-shirts are available at cost. For any **additional** T-shirts, please indicate the quantity, size, and amount due, and then add that amount onto the application check.”

Youth Medium (10-12) ____ Shirts at \$8 each \$_____

Youth Large (14-16) ____ Shirts at \$8 each \$_____

Youth X-Large (18-20) ____ Shirts at \$8 each \$_____

Adult Small ____ Shirts at \$13 each \$_____

Adult Medium ____ Shirts at \$13 each \$_____

Adult Large ____ Shirts at \$13 each \$_____

Adult X-Large ____ Shirts at \$13 each \$_____

Adult 2X-Large ____ Shirts at \$16 each \$_____

Adult 3X-Large ____ Shirts at \$16 each \$_____

Grand Total \$_____