



• IYC Youth Sailing Program Application •

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Approx. weight \_\_\_\_\_

Name of Parent or Guardian:

\_\_\_\_\_

Phones: \_\_\_\_\_

\_\_\_\_\_

Current/Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summer Address(if different):

\_\_\_\_\_

\_\_\_\_\_

Summer Phone: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IYC will never sell your contact information but we would like to share this info with other camp families through the roster.

Yes, it is OK to include phone and email in the roster.

Is the applicant the child of an Inverness Yacht Club member?  
\_\_\_yes \_\_\_no

If so, name of parent family: \_\_\_\_\_

Is the applicant the grandchild of an Inverness Yacht Club member? \_\_\_yes \_\_\_no

If so, name of grandparent family: \_\_\_\_\_

**Check session desired:**

Please indicate whether your schedule allows attendance to either session or if only one session is acceptable and which session that is.

\_\_\_ Session I, Monday June 25 through Friday July 13  
(There is no program July 4<sup>th</sup>)

\_\_\_ Session II, **Tuesday** July 17 through Friday August 3

\_\_\_ I can attend only the one session checked above

\_\_\_ I can attend either session; my first choice is checked

**Please enclose \$850 as payment in full.**

Signed: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

e-mail Addresses: Please PRINT **VERY** CLEARLY

Yours: \_\_\_\_\_

Applicant: \_\_\_\_\_

Other: \_\_\_\_\_

No, Please keep all of my information private.



## YOUTH SAILING

### IYC Youth Sailing Program Permission and Responsibility Waiver

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:

\_\_\_\_\_

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 student and a parent/guardian attending the first day of class.

[c] The demonstrated ability of the student to pass a swimming qualification.

[d] The requirement that the student must provide and wear a Coast Guard approved Type III life jacket.

[e] The requirement that the student provide and wear a wet suit and closed toed shoes.

[f] The student following the direction of the Program Instructors and Staff.

[g] The understanding that drugs, alcohol or cigarettes brought on to the Club's property or to any Youth Sailing activity may result in dismissal.

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

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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#### 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:** Maggie Harmon, Registrar, 6788 Armour Dr., Oakland, CA 94611-2238.

**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 •

#### T-Shirt and Book Order

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 \$10 each \$_____	Adult Small	_____ Shirts at \$15 each \$_____
Youth Large (14-16) _____ Shirts at \$10 each \$_____	Adult Medium	_____ Shirts at \$15 each \$_____
Youth X-Large (18-20) _____ Shirts at \$10 each \$_____	Adult Large	_____ Shirts at \$15 each \$_____
	Adult 2X-Large	_____ Shirts at \$17 each \$_____
	Grand Total	\$_____

**Book Order:** All new Sailors or returning sailors moving to a new level will receive a book as part of registration. If you are returning and have lost your book please include the cost to purchase a new book as indicated below.

- I have my Book. \$15 Beginner \_\_\_\_\_
- I'm moving to a new fleet (level). \$25 Advanced \_\_\_\_\_
- I lost my book and need a new one. Total \_\_\_\_\_

