



Clear Lake Yacht Club Sailing School 2011 Registration Form

Family Information

Last Name: _____ Same as summer address

Summer Address: _____ Winter Address: _____

City, St., Zip _____ City, St., Zip _____

Phone: _____ Phone: _____

Father Information

Name: _____

Daytime Phone: _____

Cell Phone: _____

E-mail addr.: _____

Mother Information

Name: _____

Daytime Phone: _____

Cell Phone: _____

E-mail addr.: _____

Registration Information

In the table below, please complete one row for each family member taking sailing classes. In the appropriate session column(s), please indicate the **boat type** and **level** you are signing up for (levels, times, and dates are listed on the information form). Indicate total fee for that student in the far right column.

NOTE: Sailing School scholarships are available—for more information, please contact Mark Tesar at (641) 357-8642.

Student Name	Age ¹	Session 1 1 st = \$90 Sub ⁴ = \$60	Session 2 1 st = \$90 Sub ⁴ = \$60	Session 3 1 st = \$90 Sub ⁴ = \$60	Session 4 1 st = \$90 Sub ⁴ = \$60	Session 5 1 st = \$90 Sub ⁴ = \$60	Session 6 1 st = \$90 Sub ⁴ = \$60	X Racers \$200	Adult Session ² \$80	T-Shirt size ³	Per-person Total ⁴
<i>Sample Student</i>	10	Int. Opti			Beg. X	Beg. X				CM	\$210
TOTAL											

¹ Age not required for adult students.

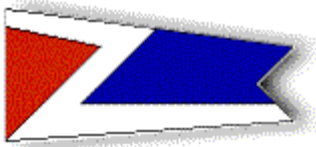
² T-shirt not included with Adult Session.

³ Use these codes for **t-shirt sizes**:

- Child's small, medium, or large: **CS, CM, CL**, respectively.
 - Adult small, medium, large, or extra-large: **AS, AM, AL, AX**, respectively
- Additional t-shirts are available for \$15 each.

⁴ If same student participates in multiple sessions, fee for subsequent session(s) is reduced by \$30, and no additional t-shirt is included.

IMPORTANT: Please complete additional information, including release and consent forms, on the other side. Mail completed registration form and check (payable to CLYCSS) to CLYCSS, PO Box 29, Clear Lake, IA 50428.



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Medical and Emergency Information

Who should be notified in case of emergency?

Name: _____ Name: _____

Name of Family Physician: _____

Phone: _____ Phone: _____

Phone: _____

List any medical factors for any enrollees that would be pertinent in emergency treatment, such as allergies or diabetes:

Does any enrollee have a history of, or currently have, any physical limitation that might prevent him or her from fully participating in classes? Yes ___ No ___

If Yes, please describe: _____

Release and Consent

The undersigned parent/guardian recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to induce the Clear Lake Yacht Club Sailing School to accept his/her child into the Clear Lake Yacht Club Sailing School, the undersigned parent/guardian covenants and agrees to hold harmless and indemnify the Clear Lake Yacht Club Sailing School, its officers, directors, employees, and agents from any and all claims, losses, damages, fees, and liability growing out of or in any manner related to injury to a person or damage to any property arising out of or in anywise connected with the operation of the Clear Lake Yacht Club Sailing School or any activities on or the use of any facilities or equipment of the Clear Lake Yacht Club Sailing School.

Parental Agreement

I/We understand that I/We are responsible for our child's or grandchild's behavior and conduct while at the Clear Lake Yacht Club Sailing School and will see to it that our child adheres to the program rules. The instructors have absolute authority to make class assignments and to cancel session if the safety of the participants is deemed to be at risk by the instructors. Coast Guard approved life jackets and boat shoes are required.

Registrant: _____
Signature of father, mother, guardian or adult student

Additional Authorization for Children 10 and Under

The staff has been instructed NOT to allow any child 10 years of age or younger to leave Sailing School premises with anyone other than a parent, older sibling, or the adults noted below. Any exceptions to this rule must be arranged in advance with the head instructor.

I/We do hereby authorize the CYLCSS to release (child name[s]) _____

to the custody of the following adults:

I/We Acknowledge and agree to the above conditions for participation in the activities of the CLYCSS.

Signature of Student or Guardian

Date