

2019 LEARN TO SAIL

SUMMER REGISTRATION FORM



YOUTH SAILING VIRGINIA

PLEASE FILL OUT ONE REGISTRATION FORM PER CHILD

Today's Date: ____/____/2019

Sailor's Name: _____ Name Sailor is called: _____
 (Last) (First) (Middle)

Sailor's Address: _____
 (Street) City/State/Zip Code

Age: _____ Birth date: _____ Sex: MALE FEMALE (please check one)

Shirt Size (youth): Small Medium Large X-Large (please check one) (For lifejacket sizing only)

2018 – 2019 Grade Level (5th – 8th): _____ School: _____

SWIMMING REQUIREMENTS

For safety reasons, sailors must be able to meet the American Red Cross and US Sailing swimming standards swimming, which includes;

1. Swim at least 25 yards unassisted.
2. Tread water or float for three minutes unassisted while wearing a life jacket, sailing clothes and shoes
3. Demonstrate a comfort level while in the water

SESSION REGISTRATION

Please mark "X" in the "SELECT" column to pick a SESSION.

Monday-Friday	Session #	1/2 Day	SELECT	Monday-Friday	Session #	1/2 Day	SELECT
DATES	#	TIME	X	DATES	#	TIME	X
JUNE 17-JUNE 28	1	8:30-12:00	<input type="checkbox"/>	JULY 22- AUG 02	5	8:30-12:00	<input type="checkbox"/>
JUNE 17-JUNE 28	2	1:00- 4:30	<input type="checkbox"/>	JULY 22- AUG 02	6	1:00- 4:30	<input type="checkbox"/>
JULY 08-JULY 19	3	8:30-12:00	<input type="checkbox"/>	AUG 05- AUG 16	7	8:30-12:00	<input type="checkbox"/>
JULY 08-JULY 19	4	1:00- 4:30	<input type="checkbox"/>	AUG 05- AUG 16	8	1:00- 4:30	<input type="checkbox"/>

We will do our best to accommodate your session choice and will verify your request upon receipt of your registration.

PARENT CONTACT INFORMATION

Name: _____

Home Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

PAYMENT INFORMATION

COST PER SESSION: \$250.00

Pay on line? Log on to our web site at:

www.youthsailingva.org/learn-to-sail

Pay by Check? Mail check to:

Youth Sailing Virginia, Inc.

ATTN Learn to Sail

P.O. Box 3386

Hampton, VA 23663

For Scholarship information please contact – Rose Hobart, Learn to Sail, 757-602-0020

Please complete the information on page 2

PLEASE DO NOT MARK IN THIS SECTION. OFFICE USE ONLY

Date reservations accepted: _____

By (Staff's initials): _____

Method of Payment and Date: _____

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REFUND POLICY: To receive a full refund, written notification MUST be submitted at least two weeks prior to the session start date. Cancellations within 5 – 13 days prior to the program will receive a partial refund of 50% of the total cost. Cancellations 0-4 days prior to the program will NOT receive a refund. If you need to transfer your child’s session, please contact us and we will do our best, but cannot guarantee, to find space in another session. To change any reservation please email: learntosail@youthsailingva.org. No other refunds will be issued and we are not able to reschedule missed days.

Please Initial _____

PHOTOS, AUDIO AND VIDEO RECORDINGS: By participating in *Learn-to-Sail Summer Camp* all students/sailors automatically grant to Youth Sailing Virginia (YSV) and their sponsors the right, in perpetuity, to make, use and show, at their discretion, any photography, audio and video recordings of them made during on-shore and on-water activities from the time of their arrival, until their final departure, without compensation. Youth Sailing Virginia agrees to give credit/recognition to any provider of photos and recordings when possible. These photos and recordings may be used in a variety of materials including but not limited to all marketing and communications.

Please Initial _____

WAIVER: Having made application for my child or ward to participate in the programs and activities of Youth Sailing Virginia, Inc. (“YSV”), and in consideration of the acceptance of my child or ward into the program of activities, I hereby release and forever discharge YSV, its officers, directors, members, guests, employees, volunteers, agents, successors and assigns from all manners of action, causes of action, claims, demands for damages (including personal injury or death), and suits, in law or equity, by reason of, or arising from, my child or ward being a participant in the activities of YSV, using YSV property, or being transported in YSV vehicles or vessels, during all programs and activities in which YSV is or may become engaged. I do further agree to save harmless and indemnify YSV, its officers, directors, members, guests, employees, volunteers, agents, successors and assigns from any and all claims, losses or damages sustained by them, and any liabilities incurred by them, as a result of the aforesaid activities of my child or ward. Further, I agree to save harmless YSV, its officers, directors, members, guests, employees, volunteers, agents, successors and assigns from any expenses or liabilities, including costs and reasonable attorney’s fees, arising out of any losses or claims for damages sustained by or caused by my child or ward. I acknowledge that sailing and the activities of YSV are inherently dangerous and I assume, on behalf of my child or ward, the risk of any injury or loss incurred in such activities.

This release and waiver shall continue in force from year to year so long as my said child or ward shall participate in YSV activities. Please Initial _____

WHAT HAPPENS NEXT? Once your registration is received, we will contact you to confirm the session date and time and will send you a request for some additional information, which will need to be returned the week before the first day of the session.

We look forward to having your sailor be a part of Youth Sailing Virginia’s Learn to Sail Program!

PARENT AUTHORIZATION: I acknowledge and approve the above information:

(PRINT) Parent/Guardian Name: _____

(SIGNATURE) Parent/Guardian Name: _____

Date: _____

Please sign and date above and return this completed registration form to Youth Sailing Virginia.

By Mail
Youth Sailing Virginia, Inc.
ATTN Learn to Sail
P.O. Box 3386
Hampton, VA 23663

By email:
learntosail@youthsailingva.org