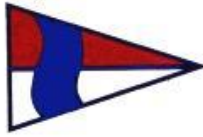


# South Shore Yacht Club Junior Sailing

## Registration Form 2024



### Participant information

Sailor's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ E-mail \_\_\_\_\_

Home address \_\_\_\_\_

Home phone \_\_\_\_\_ Daytime phone \_\_\_\_\_

Session 1: June 24 – July 19 AM: \_\_\_\_\_ PM: \_\_\_\_\_ Full Day: \_\_\_\_\_

Session 2: July 27 – Aug 9 AM: \_\_\_\_\_ PM: \_\_\_\_\_ Full Day: \_\_\_\_\_

### Program Fees:

	AM (9am – noon)	PM (12:30pm – 3:30pm)	Full Day (9am – 3:30pm)
Session 1 (3 week session)	\$490.00	\$490.00	\$964.00
Session 2 (3 week session)	\$442.50	\$442.50	\$800.00

### Assumption of risks, release from liability and indemnification agreement

I, the undersigned parent or legal guardian of the above listed minor child, authorize my child to participate in all activities of the South Shore Yacht Club Junior Sailing Program. I acknowledge that participation in the South Shore Yacht Club Junior Sailing Program involves a risk of injury and I assume all such risks on behalf of my child. I release, discharge and hold harmless the South Shore Yacht Club, it's staff, employees, officers, directors, members and the Junior Sailing Committee and Chairman (hereinafter collectively referred to as the South Shore Yacht Club) from any and all claims, damages, losses or expenses which I or my child may acquire arising from my child's participation in the South Shore Yacht Club Junior Sailing Program.

I further agree to defend and indemnify the South Shore Yacht Club against any claims or damages, losses, expenses or property damages as a result of any intentional, reckless or negligent actions of my child during his or her participation in the South Shore Yacht Club Junior Sailing Program.

I also fully understand and agree that if my child or any child for whom I serve as legal guardian sustains any sort of head injury whatsoever, as a precaution shall not sail the remainder of the day. I also agree that it will be up to me (parent or guardian) to examine or have my child examined and up to me to authorize them again before they can sail again.

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

**Please return completed registration and medical forms to: Junior Sailing c/o Bob Dresser 1  
Windjammer Way Hingham, MA 02043**