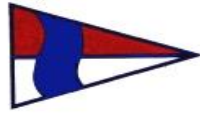


South Shore Yacht Club Junior Sailing

Registration Form 2019



Participant information

Sailor's name _____ Date of birth _____

Parent/Guardian name _____ E-mail _____

Home address _____

Home phone _____ Daytime phone _____

Yacht Club Affiliation _____

Sailing Sessions

Session 1: June 24 – July 28 AM: _____ PM: _____ Full Day: _____

Session 2: July 29 – Aug 16 AM: _____ PM: _____ Full Day: _____

Program Fees:

	AM (9am – noon)	PM (12:30pm – 3:30pm)	Full Day (9am – 3:30pm)
Session 1 (3 week session)	\$199.50	\$199.50	\$389.00
Session 2 (3 week session)	\$199.50	\$199.50	\$389.00

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 (herein after 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 what so ever, 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 had my child examined and up to me authorizes them again before they can sail again.

Parent/Guardian Signature

Please return completed registration and medical forms to:

Bob Dresser 1 Windjammer Way Hingham, MA. 02043