



# CSC JUNIOR SAILING CLASS REGISTRATION



*Summer 2010*

Sailor's Name \_\_\_\_\_ Age\* \_\_\_\_\_ Approx. Weight \_\_\_\_\_ (For Proper Boat Class)

Member's Name \_\_\_\_\_ Membership Status (check one): Regular \_\_\_\_; Assoc. \_\_\_\_\_

Parent's Name (If Member is Sailor's Grandparent) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Mobile Ph. \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

## STUDENT SAILING EXPERIENCE

Sailed Some/

Advanced \_\_\_\_\_ Intermediate \_\_\_\_\_ Beginner \_\_\_\_\_ Never Sailed \_\_\_\_\_

Please give a little information about your sailing background including boats sailed (if any) \_\_\_\_\_

Have you had sailing lessons before? Yes \_\_\_\_, No \_\_\_\_; if yes, where/when: \_\_\_\_\_

Are you interested in **Junior Racing**? Yes \_\_\_\_\_, No, Just Want to Learn to Sail \_\_\_\_\_.

Are you interested in traveling to Texas and/or D/FW area Junior Regattas? Yes \_\_\_\_\_, No \_\_\_\_\_.

**SAILING CLASS SESSIONS.** Check the session - or sessions – you want. You can enroll your child in more than one class session!

<b>Session I:</b> June 7 - June 18 (Two Weeks) <u>General Beginner/Intermediate/Advanced Sailing Class</u> (Class Session: 9 a.m. - 2 p.m.) Fee \$250 _____	This class will be open both to beginners and to those who have already taken a sailing class or have prior sailing or racing experience. The class will be divided based on skill level.
<b>Teen Camp:</b> June 7 - June 18 (Two Weeks) <u>General Beginner/Intermediate/Advanced Sailing Class</u> (Class Session: 2:30 p.m. – 6:30 p.m.) Fee \$200 _____	This class will be open to teens aged 13-18 of any skill level. The class will only include Lasers and 420's (no Opti.)
<b>Session II:</b> June 21- July 2 (Two Weeks) <u>General Beginner/Intermediate/Advanced Sailing Class</u> (Class Session: 9 a.m. - 2 p.m.) Fee \$250 _____	This class will be open both to beginners and to those who have already taken a sailing class or have prior sailing or racing experience. The class will be divided based on skill level.
<b>Race Team Practice:</b> June 21- July 2 (Two Weeks) <u>Open to Junior Race Team members only</u> (Class Session: 2:30 p.m. – 6:30 p.m.) Fee \$200 _____	This class will be race practice and is open to members of the Junior Race Team (as approved by the Junior Committee)
<b>Texas Youth Race Week:</b> July 10-16 Check if Interested: _____ (Galveston Bay)	CSC and other area coaches will provide on-the-water coaching for sailors who compete in Texas Youth Race Week.
<b>Session III:</b> July 19 – July 30 (Two Weeks) <u>General Beginner/Intermediate Sailing Class</u> (Class Session: 9 a.m. - 2 p.m.) Fee \$250 _____	This class will be open to beginners, to those who already have some sailing experience and to everyone else who just wants to get in some sailing before summer ends.

\* Recommended Ages are 8 to 18. Those younger than 8 are often not ready. Average class age is typically 10 to 14.

**RELEASE, WAIVER AND RETENTION OF RIGHTS AGREEMENT**

IN CONSIDERATION OF acceptance of my application and the substantial volunteer efforts of the officers, directors, members, employees, representatives and associated volunteers by/for the Corinthian Sailing Club, THE UNDERSIGNED HEREBY –

1. WAIVES AND RELEASES ANY AND ALL CLAIMS, INCLUDING THOSE OF NEGLIGENCE OR EQUIVALENT CONDUCT WHICH I MAY HAVE AGAINST THE HOST, ITS DIRECTORS, MEMBERS, EMPLOYEES, REPRESENTATIVES, ASSOCIATED VOLUNTEERS, AND SPONSORING ENTITIES RESULTING FROM MY PARTICIPATION IN THE JUNIOR SAILING CLASSES, RACING CLINIC, RACE TEAM PRACTICE SESSIONS AND ALL ACTIONS RELATED THERETO.

2. Retains any and all right against other participants for any wrongful acts by them; and retains all rights against the Host, its directors, members, employees, representatives and associated volunteers for the event which are not related in any way to my participation in, the preparations for, the racing, return, protests and removal of my boat from the site of the event.

If any provision of the agreement is not enforceable, such determination shall not affect the enforceability of the remaining provisions of this agreement. This agreement shall be construed and enforced under the laws of Texas.

Student’s signature \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Parent’s or Guardian’s signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete the APPLICATION FORM, RELEASE, and attached MEDICAL CONSENT FORM, and return it together with your check made payable to the “Corinthian Sailing Club,” to:

Renee Comen  
3509 Leighton Ridge  
Plano, TX 75025

Phone: 972-712-4280  
Email: ed@cscsailing.org

If you are joining the club as a member at the same time as you are enrolling in the Youth Class, PLEASE write separate checks, one for the club membership fee and the other for the youth class fee.

**Please Note:**

**Membership Requirement:** The CSC Youth Sailing Classes are provided as a benefit of CSC membership and are open to the children and grandchildren of Regular Members and to the children of Associate Members. The class fees cover only a portion of the total expense of the classes, with the club subsidizing the rest of the expense out of general funds. For more information on membership click on the “Membership Info” link on the home page of the CSC Website at [www.cscsailing.com](http://www.cscsailing.com).

**Texas Youth Race Week Coaching/Boat Charters:** If your sailor attends Class Session I or II, then coaching and a charter of a CSC owned junior boat for Texas Youth Race Week (TYRW) will be provided at no charge. If your sailor does not meet these participation qualifications, then the fee for coaching by CSC coaches and/or for the charter of a CSC owned junior boat at TYRW will be \$250.

**Nature of Youth Sailing Classes/Racing Program Activities:** CSC is not a licensed or certified child care provider. The Youth Sailing Classes, Race Team Practices and Racing Clinic are for the purpose of providing sailing instruction and coaching for sailboat racing, not for child care. Our coaches are certified by US Sailing to provide sailing instruction, but they do not have any certification as child care providers. CSC makes no representation that the Youth Class fee is deductible as a child care expense, or for any other purpose, on your federal income tax return. You should consult your tax advisor before you take a deduction for any membership, class or other fees related to CSC’s Youth Program.

**MEDICAL CONSENT FORM**

**NAME OF PARTICIPANT:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**NAME OF PARENT/GUARDIAN (printed):** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**TELEPHONE NO:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

In the event of accident, injury or illness involving any child of mine (specifically including my child named above as the "Participant") or me or my spouse while in, on, or about the premises of the Corinthian Sailing Club and/or a Texas Sailing Association ("TSA") member yacht club (the "Club") or while participating in any activity sponsored by or under the auspices of said Club under circumstances where I am physically unable to consent or am not present,

1. I hereby voluntarily authorize and consent to the furnishing to myself, my spouse, or any child of mine of such medical care, attention, and treatment by any hospital, physician or dentist as such hospital, physician or dentist may deem necessary or advisable, including any x-ray examination, anesthetic, medical, or surgical diagnosis or procedure.
2. I authorize any adult associated with the activity to consent to such medical care, attention and treatment.
3. I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost the assisting adult, the Club, TSA and the officers, employees and members of said organizations.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

**ALTERNATIVE PERSONS TO CONTACT IN CASE OF EMERGENCY:**

NAME	RELATIONSHIP	PHONE NUMBER
------	--------------	--------------

NAME	RELATIONSHIP	PHONE NUMBER
------	--------------	--------------

**PRIMARY CARE PHYSICIAN:**

NAME	PHONE NUMBER
------	--------------

**PLEASE LIST ANY ALLERGIES OR IMPORTANT MEDICAL INFORMATION:** \_\_\_\_\_

**ATTACH COPY OF HEALTH INSURANCE CARD, OR COMPLETE THE FOLLOWING:**

HEALTH INSURANCE CARRIER	INSURANCE ID NO.	NAME OF INSURED
--------------------------	------------------	-----------------

PHONE NO. FOR VERIFICATION	CLAIMS MAILING ADDRESS
----------------------------	------------------------

I agree that a photocopy of this consent or a copy sent by facsimile may be accepted by any health care providers. This consent shall be valid for one (1) year from the date of signing.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_