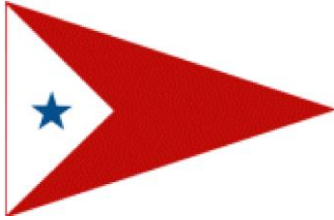


**Please Print and Fill Out**



## Cottage Park Youth Sailing Registration Form 2019

### Family Information

Family Name: _	Home Phone:
Street:	Town:
Mother's Name:	Father's Name:
Mother's Cell #:	Father's Cell #:
Mother's email:	Father's email:
CPYC Member: Yes / No	Non-Member Eligibility Program:
Emergency Contact Name:	Emergency Contact #:
Sailors' Doctor's Name:	Sailors' Doctor's #:
To facilitate communication we are creating a family directory. Do you wish to be EXCLUDED: Yes / No	

### Boat Information

Do you own an N-10/Turnabout, Laser, Opti, 420 or other boat?
If yes, what is your boat name and sail #?
Would you be willing to loan your boat to other students in classes?
Did you participate in YS last year as full member / trial member or pilot program?
Locker number and combination:
Family Name:

--

**Sailor Information**

Sailor #1 Name:	Date of Birth:
Grade Entering Fall:	Participated in CPYC YS last year: yes / no
What is your child's sailing experience level? (check the most appropriate category): <input type="checkbox"/> Has never been in a sailboat <input type="checkbox"/> Has sailed with me but never alone <input type="checkbox"/> Can rig an N-10 by him/herself, but has never steered an N-10 <input type="checkbox"/> Is comfortable steering an N-10 with supervision but not alone <input type="checkbox"/> Is comfortable steering an N-10 by himself or herself <input type="checkbox"/> Is comfortable steering an N-10 by himself or herself but does not want to race <input type="checkbox"/> Is an experienced racer and has skippered in regattas	
Chronic illness, medical conditions, allergies or medications being taken – please list here or on reverse or indicate None.	
Does Sailor #1 carry an EpiPen: yes / no	

Sailor #2 Name:	Date of Birth:
Grade Entering Fall:	Participated in CPYC YS last year: yes / no
What is your child's sailing experience level? (check the most appropriate category): <input type="checkbox"/> Has never been in a sailboat <input type="checkbox"/> Has sailed with me but never alone <input type="checkbox"/> Can rig an N-10 by him/herself, but has never steered an N-10 <input type="checkbox"/> Is comfortable steering an N-10 with supervision but not alone <input type="checkbox"/> Is comfortable steering an N-10 by himself or herself <input type="checkbox"/> Is comfortable steering an N-10 by himself or herself but does not want to race <input type="checkbox"/> Is an experienced racer and has skippered in regattas	

Chronic illness, medical conditions, allergies or medications being taken – please list here or on reverse or indicate None.

Does Sailor #2 carry an EpiPen: yes / no

Family Name:

**Sailor Information continued**

Sailor #3 Name:	Date of Birth:
-----------------	----------------

Grade Entering Fall:	Participated in CPYC YS last year: yes / no
----------------------	---

What is your child's sailing experience level? (check the most appropriate category):

- Has never been in a sailboat
- Has sailed with me but never alone
- Can rig an N-10 by him/herself, but has never steered an N-10
- Is comfortable steering an N-10 with supervision but not alone
- Is comfortable steering an N-10 by himself or herself
- Is comfortable steering an N-10 by himself or herself but does not want to race
- Is an experienced racer and has skippered in regattas

Chronic illness, medical conditions, allergies or medications being taken – please list here or on reverse or indicate None.

Does Sailor #3 carry an EpiPen: yes / no

**Medical Authorization**

I hereby authorize an instructor from CPYC Youth Sailing or an adult who bears this document, to authorize emergency treatment for the Sailor named above in the event that a parent or legal guardian cannot be reached at the above telephone numbers at the time of the emergency. Initials: \_\_\_\_\_

Additional Medical Information:

**Photo Release**

I grant to the CPYC Youth Sailing the right to take photographs of my child/children as they participate in the Youth Sailing Program. I authorize CPYC Youth Sailing its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the CPYC may use such photographs with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content. Initials: \_\_\_\_\_

Family Name:

**Rules and Regulations**

My child(ren) and I have read and understand the contents of the "CPYC Rules & Code of Conduct" and agree to abide by these rules. Initials: \_\_\_\_\_

My child(ren) and I have read and understand the contents of the "Cottage Park Youth Sailing Handbook". Initials: \_\_\_\_\_

I agree to provide and require my child to wear a U.S. Coast Guard approved personal flotation device at all times in a boat and on the pier and docks. Initials: \_\_\_\_\_

In consideration of my child's application being accepted to enroll in the supervised Youth Sailing Program to be conducted under the auspices of the Cottage Park Yacht Club and the CPYC Youth Sailing Program, I hereby agree to hold the Cottage Park Yacht Club, its agents and employees, the CPYC Youth Sailing Program and its officers and sailing instructors harmless and forever indemnified against any and all claims, actions, damages or injury sustained to my child or to my child's boat, its equipment and contents during the conduct of the said sailing program.

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN'S Name: \_\_\_\_\_

Date: \_\_\_\_\_