



# SANTA BARBARA YOUTH SAILING FOUNDATION

## Optimist Clinics Registration Form - 2009/2010

IF YOU ARE REGISTERING MORE THAN ONE STUDENT, PLEASE COMPLETE A SEPARATE FORM FOR EACH STUDENT.  
ALL PAGES (REGISTRATION FORM AND RELEASES) MUST BE COMPLETELY FILLED OUT.

### PERSONAL INFORMATION

Sailor's Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
How did you hear about the program? \_\_\_\_\_

### MAILING ADDRESS

Street: \_\_\_\_\_ Apt# \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_  
Second (Home): \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### IN THE EVENT OF AN EMERGENCY, NOTIFY:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

### SECOND EMERGENCY CONTACT

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

<i>Check all that apply:</i>	<i>Session:</i>	<i>Date:</i>	<i>Time:</i>	<i>Cost:</i>
<input type="checkbox"/>	Session 1:	Saturday, March 13	9:30-12:00	\$25
<input type="checkbox"/>	Session 2:	Saturday, April 10	9:30-12:00	\$25
<input type="checkbox"/>	Session 3:	Saturday, May 8	9:30-12:00	\$25

### TUITION/FEE TOTALS:

Total Amount Enclosed: \$ \_\_\_\_\_

**JUNIOR SAILING PARTICIPANTS MUST OFFER PROOF OF SWIMMING ABILITY.**  
**THERE WILL BE A SWIM TEST ON THE FIRST DAY.**

# VOLUNTARY RELEASE AND INDEMNITY

1. Voluntary Participation. I, \_\_\_\_\_, acknowledge that I have voluntarily applied to participate in sailing instruction and related activities offered by the **SANTA BARBARA YOUTH FOUNDATION** (the "Foundation"). Some of the activities may take place at the facilities of the Santa Barbara Yacht Club (the "Yacht Club").

2. Assumption of Risk. I UNDERSTAND THAT SAILING IS A HAZARDOUS ACTIVITY AND THAT THERE IS INHERENT DANGER TO ME, MY BOAT AND MY EQUIPMENT INVOLVED IN THAT ACTIVITY. I AM FAMILIAR WITH THE AREA WHERE THE SAILING, INSTRUCTION AND OTHER ACTIVITIES WILL BE CONDUCTED. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF DAMAGES, INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE:

\_\_\_\_\_  
(Initials)

\_\_\_\_\_  
(Parents' Initials)

3. Release, Discharge and Covenant Not to Sue. As consideration for being permitted by Foundation to participate in its activities and to use the facilities of the Foundation and the Yacht Club I, on behalf of myself and my heirs, executors, administrators and assigns, hereby release Foundation, Yacht Club, their respective affiliates, employees and agents, and any owner or provider of facilities at which or with which such instruction is conducted (all referred to as "releases") from any and all actions, claims, demands and liability now or at any time hereafter arising out of my participation in sailing, instruction or other activities or my presence at the facilities of the Foundation or the Yacht Club. I hereby agree that I, my heirs, executors, administrators and assigns, will not make a claim against, sue or attach the property of any of the releases for any injury, death, damages or property damage (including any injury to my boat) resulting from or arising out of any acts or omissions of releases, including without limitation any negligence, of releases, or act of any acts or omissions of other participants in the activity.

4. Indemnity Agreement. I further agree that I will defend, indemnify and hold harmless the Foundation, the Yacht Club, and their respective affiliates, employees and agents, against all actions, claims, demands and liabilities (including court costs and attorneys\* fees) related to any injury, death, damages or property damage resulting from or arising out of my participation in sailing, training or other activities or my presence at the facilities of the Foundation or the Yacht Club.

I HAVE CAREFULLY READ THIS VOLUNTARY RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. I ASSUME ALL RISKS RELATED TO MY PARTICIPATION IN THE TRAINING.

Executed at Santa Barbara, California on \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

## PARTICIPANTS MUST HAVE THE FOLLOWING SIGNED BY THEIR PARENTS OR LEGAL GUARDIAN(S):

We, \_\_\_\_\_ and \_\_\_\_\_, are the parents or legal guardian(s) of \_\_\_\_\_. We confirm that we have read the foregoing Voluntary Release and Indemnity and understand its contents. We confirm that we have the legal right and power to agree to the provisions of the Voluntary Waiver and Release on behalf of our child. We understand that it is a release of all claims. We assume all risks related to our child's participation in the sailing, instruction and other activities. We expressly agree that the terms and conditions of the Voluntary Release and Indemnity shall apply to and be binding upon us and our minor child in all respects insofar as it pertains to his or her participation and to any injury, death, damages or property damage our child or his or her boat may sustain or cause as a result of such participation. We hereby authorize the Foundation and its employees and agents to initiate emergency first aid treatment for our child in the event of an accident. We also hereby authorize any and all necessary emergency medical treatment by professional medical personnel in such event. We warrant that we have health and accident insurance covering our child.

Executed at Santa Barbara, California on \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father

\_\_\_\_\_  
Legal Guardian

**MEDICAL INFORMATION**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of last exam: \_\_\_\_\_

Health Insurance carrier: \_\_\_\_\_ ID Number: \_\_\_\_\_

Please assist the Santa Barbara Youth Foundation to better serve your child by filling out a brief medical history.

Has your child ever had: Diabetes: Yes  No  Seizures: Yes  No  Asthma: Yes  No

Allergies to: Bees/insect: Yes  No  Food: Yes  No  Medication: Yes  No  Other: \_\_\_\_\_

Does your child need any medications? Yes  No  If so, please list and explain: \_\_\_\_\_

If there is anything else we should know, please explain here: \_\_\_\_\_

If my child suffers serious injury or illness, I authorize and consent for first aid or necessary medical procedures to be rendered by license or certified persons. If neither my alternate nor I can be reached by phone, please call the doctor listed and/or transport my child to any available medical facility. I am aware that in most situations the physical/medical facility will not treat a minor child without parent permission. I understand the Santa Barbara Youth Foundation assumes no financial responsibility for transportation or medical care.

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

**PHOTO RELEASE (OPTIONAL)**

I hereby grant Santa Barbara Youth Foundation, and those acting with their authority an permission, the absolute right to re-use, publish and re-publish photographic portraits or pictures of me or in which I may be included, in whole or in part, without restriction as to changes or alterations from time to time in conjunction with my name, or reproductions thereof, in color or otherwise, made through any medium, for illustration promotion, art, advertising, trade, or any other purpose whatsoever. I also consent to use of printed matter in conjunction therewith.

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