



**SARASOTA YOUTH SAILING PROGRAM**  
◇ **2009-2010 YEAR ROUND RACE TEAM CLASS REGISTRATION** ◇

*PO Box 2706 • Sarasota, FL 34230*  
*Tel: (941) 504-4236 • Fax: (941) 388-5524 • www.sarasotaysp.com*  
*sarasotayouthsailing@gmail.com*

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Child's Name: \_\_\_\_\_  
Current Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Child's Phone: \_\_\_\_\_  
Email addresses: \_\_\_\_\_  
Are you a current member of the Sarasota Sailing Squadron? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**◇ WAIVER OF LIABILITY AND PHOTO RELEASE ◇**

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**WAIVER**

I (We) the undersigned, parents or guardians of \_\_\_\_\_, a minor child, consent to his/her participating in the Sarasota Youth Sailing Program, and in consideration of the permission granted to the above named person to take advantage of the facilities offered in connection with the Youth Sailing Program Activities, do hereby jointly and severally, for ourselves, our heirs, spouses, family members, personal representatives and assigns, agree to indemnify and hold harmless the Sarasota Youth Sailing Program, its officers, personnel, agents and employees, acting officially or unofficially, against any and all suits, actions, claims, costs or demands, whether arising from sole or concurrent negligence or otherwise including those resulting from death, personal injury, and property damage, to which the Sarasota Youth Sailing Program, its officers, personnel, agents, and employees may be subject by reason of the said above named persons joining the Sarasota Youth Sailing Program and taking part in its activities or his/her presence on board any boats, piers, clubhouses, or any other places in connection with said Program Activities.

Parents are responsible for, and agree to pay for, boat damage beyond normal wear and tear. Parents are responsible for their children both before and after actual class times, including, without limitation, the period of time during which a child is traveling to and from an event and while not on the water in the care of a YSP instructor or employee.

**Print Name of Parent or Guardian:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHOTO RELEASE**

I hereby grant to the Sarasota Youth Sailing Program and to its employees, agents and assigns the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing.

**Signature of Parent or Guardian:** \_\_\_\_\_

◇ CLASS SELECTION ◇

Please select the level and session you wish to enroll in. Session cost is listed to the left of the box:

RACE TEAMS	SESSION #1 Aug-Dec	SESSION #2 Jan-May	BOTH SESSIONS
<b>OPTIMIST GREEN FLEET RACING</b> <i>***Charter or Private Boat Ownership Required***</i> Meets: Wednesdays 4:30-7:30 PM & Saturdays 10:00-4:00 PM	\$400.00 <input type="checkbox"/>	\$400.00 <input type="checkbox"/>	\$800.00 <input type="checkbox"/>
<b>OPTIMIST RED, WHITE &amp; BLUE (RWB) RACING</b> <i>***Private Boat Ownership Required***</i> Meets: Wednesday 4:30 – 7:30 & Saturday 10:00 AM- 4:00 PM	\$400.00 <input type="checkbox"/>	\$400.00 <input type="checkbox"/>	\$800.00 <input type="checkbox"/>
<b>420 RACE TEAM</b> <i>***Charter or Private Boat Ownership Required***</i> Meets: Wednesday 4:30-7:30 & Saturday 10:00 AM- 4:00 PM High School Practice on Tuesday from 4:30-7:30 PM included	\$400.00 <input type="checkbox"/>	\$400.00 <input type="checkbox"/>	\$800.00 <input type="checkbox"/>
<b>LASER RACING</b> <i>***Private Boat Ownership Required***</i> Meets: Thursday 4:30-7:30 PM, Saturday 10:00 AM- 4:00 PM High School Practice on Tuesday from 4:30-7:30 PM included	\$400.00 <input type="checkbox"/>	\$400.00 <input type="checkbox"/>	\$800.00 <input type="checkbox"/>
<b>HIGH SCHOOL SAILING</b> <i>***Boat use included in tuition****</i> Meets: Tuesday from 4:00-7:00 PM	\$250.00 <input type="checkbox"/>	\$250.00 <input type="checkbox"/>	\$500.00 <input type="checkbox"/>
<b>420 OR OPTIMIST CHARTER</b> <i>***Please complete additional charter form***</i>	\$150.00 <input type="checkbox"/>	\$150.00 <input type="checkbox"/>	\$300.00 <input type="checkbox"/>

◇ PAYMENT INFORMATION ◇

*The SYSP requires all participants to include a credit card number as part of their registration which will be kept on file. The card will only be charged for when all other attempts to procure a payment are unsuccessful. **We will never charge the card without your knowledge.***

Please circle your preferred method of payment for the instruction and charter (if applicable) for the session:

MASTERCARD

VISA

CHECK

CASH

**\*\*Please make checks payable to the Sarasota Youth Sailing Program\*\***

**Credit Card Information for File:**

**Credit Card Number:** \_\_\_\_\_

**Name as it appears on Card:** \_\_\_\_\_

**Exp (Month/Year):** \_\_\_\_\_ **Billing Zip code:** \_\_\_\_\_

◇ SCHOLARSHIP & DONATION/ BENEFACTOR MEMBERSHIP (TAX DEDUCTIBLE) ◇

I would like to make a donation to the Sarasota Youth Sailing Program, a 501c3 (a not-for-profit Corp.) in the amount of \$ \_\_\_\_\_. Please use the following amount as indicated:

\$ \_\_\_\_\_ General Fund                      \$ \_\_\_\_\_ Scholarship Fund  
(You will receive a receipt acknowledging your tax deductible donation)



**SARASOTA YOUTH SAILING PROGRAM**  
◇ **PERSONAL HEALTH AND MEDICAL FORM** ◇

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Class Registered For: \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home address \_\_\_\_\_ Town/City \_\_\_\_\_

State \_\_\_\_\_

Business address \_\_\_\_\_ Town/City \_\_\_\_\_

State \_\_\_\_\_

If the person named above is not available in the event of any emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Phone \_\_\_\_\_

Health/Accident Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

In the case of emergency, I understand every effort will be made to contact me. In the event, I cannot be reached, I hereby give my permission to the physician selected to secure the proper medical treatment which may include hospitalization, anesthesia, surgery or injection of medication for my son/daughter.

Date \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_

Medical information past or present (please check):

Asthma	yes [ ] no [ ]	Heart disease	yes [ ] no [ ]	Leukemia	yes [ ] no [ ]
Allergies	yes [ ] no [ ]	High blood pressure	yes [ ] no [ ]	Cancer	yes [ ] no [ ]
Convulsions	yes [ ] no [ ]	Diabetes	yes [ ] no [ ]	Hemophilia	yes [ ] no [ ]

Explanations: \_\_\_\_\_

Allergies:

Food	yes [ ] no [ ]	Plants	yes [ ] no [ ]
Medicines	yes [ ] no [ ]	Insect bites	yes [ ] no [ ]

Explain any YES answers and give all information needed to provide as safe and as full participation as possible.

Any special equipment such as orthopedic or handicap devices, glasses or contacts?

yes [ ] no [ ]

If yes, what? \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_