

# WILLOW BANK YACHT CLUB

## 2017 SAILFISH PROGRAM REGISTRATION

Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Age: \_\_\_\_\_  
 City, ST, ZIP: \_\_\_\_\_ Siblings taking Sailfish 2017? \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work or cell: \_\_\_\_\_  
 Parent/guardian: \_\_\_\_\_ Email: \_\_\_\_\_

The Sailfish program is open to WBYC members only, ages 5 -10, and runs **Mondays through Friday, 9:00 AM – Noon.**

**Weekly sessions:** \$100 each session, sign up by the week.

Session	Start Date	End Date	Member Fee	Session Total
<input type="checkbox"/> 1	Jun 26	Jun 30	\$100	_____
<input type="checkbox"/> 2	Jul 10	Jul 14	\$100	_____
<input type="checkbox"/> 3	Jul 17	Jul 21	\$100	_____
<input type="checkbox"/> 4	Jul 24	Jul 28	\$100	_____
<input type="checkbox"/> 5	Jul 31	Aug 04	\$100	_____
<input type="checkbox"/> 6	Aug 07	Aug 11	\$100	_____
			<b>Grand Total</b>	_____

**\* PLEASE NOTE: NO SAILFISH THE WEEK OF JULY 4 \***

Paid with registration: \_\_\_\_\_  
 Bill to WBYC account #: \_\_\_\_\_

Register **in person:** WBYC, May 29, 11am – 2pm & June 18, 11am – 1pm  
 Register **by mail:** WBYC, PO Box 321, Cazenovia, NY 13035  
 Register **by email:** [lisasenehi@localnet.com](mailto:lisasenehi@localnet.com) Register **online:** [www.willowbankyc.com](http://www.willowbankyc.com)  
 For more Sailfish information, contact Lisa Senehi:  
[lisasenehi@localnet.com](mailto:lisasenehi@localnet.com) (315) 655-3737

**WILLOW BANK YACHT CLUB  
2017 SAILFISH PROGRAM  
RELEASE FORM**

The undersigned is the parent or legal guardian of

\_\_\_\_\_

Child's Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Age

I hereby authorize my child to participate in the Willow Bank Yacht Club Sailfish Youth Program. In consideration of Willow Bank Yacht Club's providing instructions to my child, I hereby release, acquit and discharge the Willow Bank Yacht Club, its successors and assigns, its employees, agents, members, volunteers, officers and directors from all claims, demands, actions, causes of action, damages, injuries and cost of any nature or kind whether property, personal injury or bodily injury or any other type of injury or damage that may arise from my child's participation in the sailing program as well as use of the facilities of the Club and its equipment. This release is on my behalf as the parent or legal guardian and on behalf of my child and any person claiming through my child.

I understand the risks inherent in the sport of swimming, in water sports in general and in any activity involving children. I understand that I am responsible for providing my child with a U.S. Coast Guard approved Type III personal flotation device for use at all times while participating in sailing activities. I attest that my participating child is free and unencumbered from any physical or mental impairment and is free of any contagious or infectious disease that might interfere with his or her health or safety during this program.

I give authorization to the Willow Bank Yacht Club to provide or seek treatment for my child in the event of any accident or injury if I can not be reached.

I have read and attest that the above is true and correct.

\_\_\_\_\_

Parent/guardian (please print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Home phone

\_\_\_\_\_

Other daytime phone

Emergency contact 1: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency contact 2: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

List allergies: \_\_\_\_\_

List current medications: \_\_\_\_\_

List current medical conditions: \_\_\_\_\_

Name and number of primary physician: \_\_\_\_\_