

Leatherlips Yacht Club



2011 Sailing Application

Please use a separate form for each applicant

Name: _____ Age: _____ Gender: M F

Address: _____
Street City State Zip

Phone: _____
Home Work Cell

Sailing Experience: _____

Choose Class:

Each course is two consecutive weeks long and costs \$320. However, to accommodate vacation schedules, we are offering students an optional split schedule. Please indicate the course level and the two weeks you wish to attend. If the week of July 5th is chosen, the course fee is \$290.

Youth Day (ages 9-15): M-F, 9:00 AM—4:00 PM. **Student must select a minimum of 2 sessions.**

_____ Beginner _____ Intermediate

Session 1: _____ June 6 – June 10

Session 2: _____ June 13 – June 17

Session 3: _____ June 20 – June 24

Session 4: _____ June 27 – July 1

Session 5: _____ July 5 – July 8 (4-day week/course fee \$290)

Session 6: _____ July 11 – July 15

Session 7: _____ August 1 – August 5

Session 8: _____ August 8 – August 12

Adult/Teen Evening: T & Th, 6:00 - 9:30 p.m. _____ Beginner _____ Intermediate

_____ Standard/10 classes Fee: \$200 (BEST VALUE and most complete instruction)

_____ Short Course/Minimum 5 classes. Can add up to 4 additional classes. Fee: \$23 each

Circle the class dates you would like to attend:

June 28, 30

July 5, 7, 12, 14

August 2, 4, 9, 11

Parent/Guardian Information for junior sailors:

Name _____

Email _____

Address (if different from student's) _____

Additional phone numbers:

_____ Home Work Cell (circle)

_____ Home Work Cell (circle)

How did you hear about Leatherlips?

Classes fill quickly. Complete both forms and mail with a check payable to "LYC Learn to Sail" to: Learn to Sail, 3054 El Paso Drive, Columbus, OH 43206. Questions or concerns, call 614-738-4351.

Leatherlips Yacht Club



Medical Emergency Form

Name: _____ Date of Birth: _____

Parent/Guardian: _____ (If Minor)

In case of Emergency please contact, _____

Phone: _____

Or _____ Phone: _____

Please list any physical/physiological problems: _____

Please list any chronic ailments/medications: _____

Date of last tetanus shot/booster: _____

Purpose: To authorize the program organizers or their employees to give/obtain emergency treatment when parents or guardians cannot be reached. This authorization does not cover major surgery unless the medical opinion of two licensed physicians is obtained.

Preferred Hospital: _____ Physician: _____

Phone: _____

To grant consent, _____ Date: _____

Parent/Guardian if minor

I do NOT to grant consent, _____ Date: _____

Parent/Guardian if minor

RELEASE:

Students participate in the sailing lessons and day camp entirely at their own risk. Leatherlips Yacht Club and the Learn to Sail Program and instructors will not accept any liability for material damage or personal injury or death sustained in conjunction with or prior to, during, or after the sailing lessons and day camp. Further the student and parents agree to reimburse the Yacht Club for any costs or expenses incurred by it as a result of the student's participation in the program, including reimbursement for any loss caused by the student's use of boats and equipment loaned to the instructional program or owned by the Yacht Club. I understand that sailing is a hazardous sport. I also understand that to minimize the hazard as much as possible, the student, if permitted to participate in the instructional program, will be subject to the rules of the club and the control of the instructional staff. I have read and I understand the terms of this agreement.

Student's Signature

Parent's Signature (if minor)

Date