



Palm Beach Sailing Club Junior Program Registration

Name (child) _____ Age _____

Name (parent/s): _____

Address: _____

Phone/s: H _____ W _____ C _____

E-mail/s: _____

Emergency Contact _____ Phone _____

Does your child have sailing experience? _____ If so, what is his/her experience?

Does your child have any medical conditions that may affect him/her while sailing?

If your child is new to the race team, how did you find out about joining?

Do you have the capabilities to tow a trailer? _____

What is your child's clothing size? _____

Would you like to volunteer for one of our committee's to help out our Sailing Team? _____

SESSION

FEES

	<i>PBSC Members</i>	<i>Non-PBSC Members</i>
<input type="checkbox"/> Harbor Racers	\$195.00	\$355.00
<input type="checkbox"/> Green Fleet Opti Race Team	\$290.00	\$400.00
<input type="checkbox"/> Advanced Opti Race Team	\$290.00	\$400.00
<input type="checkbox"/> Opti Charter Fee	\$40.00/month	\$40.00/month

Not applied for first 8 months in program

Families with multiple children receive a 20% Discount

TOTAL PAYMENT ENCLOSED _____

Method of payment: Mastercard Visa Check Cash

Name as it appears on Credit Card _____

Card # _____ Exp. Date _____

Billing zip _____ Signature _____

Parents and/or guardians please sign and date below to confirm your child's enrollment in the Palm Beach Sailing Club Junior Sailing Program. Thanks!

(Signature)

(Date)

Please complete this registration and mail, fax or email with your full payment to:

Palm Beach Sailing Club, Junior Sailing Program
4600 Flagler Drive
West Palm Beach, FL 33407
office@pbsail.org
Fax: 561-881-1424
www.pbsail.org





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PBSC Race Team Release/Medical Form

Child's name _____

Address _____

City/State/Zip _____

Date of Birth _____ Medical Conditions _____

List Allergies & Medications _____

Physicians Name _____ Physician Phone # _____

I hereby authorize my child to participate in the Palm Beach Sailing Club 2008/2009 Junior Sailing Program.

In consideration of the Palm Beach Sailing Club, a not-for-profit Florida corporation, providing sailing instructions to my child, I hereby release, acquit, and discharge the Palm Beach Sailing 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 the use of the facilities of the club and its equipment. This release is on my behalf as the parent or legal guardian of the above named child and any person claiming through my child.

I understand the risks inherent in the sport of sailing and in water sports in general, and in any activity involving children. I also understand that my child will be required to have basic swimming skills and will wear a life jacket at all times in or around the water.

I also 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 Palm Beach Sailing Club for treatment 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.

Print Name (Parent or Guardian)

Signature (Parent or Guardian)

Date

