

BRONTE HAROUR YACHT CLUB SAILING SCHOOL

Application Form - 2010

NAME _____

AGE: _____

PARENT EMAIL _____ BHYC MEMBERSHIP # (if applicable) _____

NOTE: E-mail addresses are used for course confirmations, tax receipts and to keep you informed about the Sailing School, and about related BHYC activities. They are **only** shared with the Ontario Sailing Association, who will use it to keep parents and students informed of events relevant to them. The OSA does not share or sell e-mail addresses or student information. A Postage Surcharge will be added if left blank.

COURSE # _____

Use the Course & Fee Schedule to identify the course(s) you prefer. Note that you may apply for more than one standard session (e.g. Optimist/White 4 week course followed by a Bronze 4 week course).

CYA LEVEL CURRENTLY ACHIEVED (White I, II, Bronze IV etc.) _____

Please indicate if you would like one or more of the following CYA books for pick up on the first day of the course:

Basic Sailing (recommended for Optimist and White courses)	\$23	
Advanced Sailing (recommended for Bronze courses)	\$27	
Racing Rules (recommended for Silver / Gold courses)	\$20	

BHYC Sailing School T-shirts will be available during the courses at a cost of \$10 each. If ordering now, circle the size needed:

YOUTH		SML	MED		
ADULT	XSML	SML	MED	LRG	XLRG

LUNCH PROGRAMME (\$70 / TWO-WEEK SESSION – PLEASE CIRCLE ONE) **YES** **NO** (see web for details)

All prices are inclusive of taxes. A cheque for the full course fee plus any books ordered must accompany the application/health information form. Identify the cheque as "Sailing School Fees" Cancellations made at least 2 weeks before the course start date, and are subject to a minimum retained fee of \$25. Refunds will be prorated based on days attended in the course for the first 3 days of each course

DISCLAIMER AND WAIVER OF LIABILITY

IN CONSIDERATION OF the acceptance by BRONTE HARBOUR YACHT CLUB of this application to participate in the programmes offered by the sailing school, the undersigned acknowledges and agrees as follows: I recognize that sailing entails the risk of serious injury or loss of life, and voluntarily assume any such risk. I will not hold BRONTE HARBOUR YACHT CLUB, its Directors, instructors, members, employees or other participants in the school programme liable for any damage to my property, or for injury or loss of life to me or to those for whom I am the legal guardian, howsoever caused.

I CONFIRM THAT I OR MY CHILD is comfortable in the water, and is capable of swimming with a PFD

A COMPLETED HEALTH FORM MUST ACCOMPANY THIS APPLICATION

SIGNATURE: _____

NAME (PLEASE PRINT): _____ DATE (dd/mm/yy): _____

TO BE SIGNED BY THE APPLICANT OR A PARENT OR GUARDIAN IF THE APPLICANT IS UNDER 18 YEARS

COURSE FEES	\$
POSTAL SURCHARGE (\$20) (REQUIRED IF NO EMAIL ADDRESS IS SUPPLIED)	\$
BOOKS	\$
T-SHIRTS	\$
CHEQUE TOTAL	\$

Return to: **BHYC Sailing School, 2514 Lakeshore Rd. W., Oakville, ON L6L 1H8 Phone 905 827-6437**
Attention: Rear Commodore of Training

Questions about registration? Send an e-mail to: registration@bhyc.on.ca

BRONTE HAROUR YACHT CLUB SAILING SCHOOL

Health Form - 2010

THIS HEALTH FORM MUST ACCOMPANY ANY APPLICATION FOR SAILING SCHOOL

Name _____ Date of Birth (dd/mm/yy) _____

Address _____

Town _____ Prov. _____ Postal Code _____

Phone _____

In Case of Emergency Contact _____

Phone _____

Alternative Contact _____

Phone _____

Name of Doctor _____

Phone _____

Health Card # _____

Health Issues(e.g. allergies, asthma, epilepsy, diabetes.) Use a separate sheet if needed.

NOTE:
IF YOU WISH BRONTE HARBOUR YACHT CLUB SAILING SCHOOL TO TAKE RESPONSIBILITY FOR YOUR CHILD'S MEDICATIONS, YOU MUST ATTACH A LETTER OUTLINING THE HEALTH ISSUES, A LIST OF THE MEDICATIONS SUPPLIED, AND INSTRUCTIONS FOR WHEN AND HOW IT IS TO BE ADMINISTERED. THE LETTER MUST BE SIGNED BY A PARENT OR GUARDIAN IF THE CHILD IS UNDER 18 YEARS OF AGE