



# DBYC WIND WARRIORS SAILING PROGRAM

## 2011 Registration Form

Youth classes (12 – 16 years), cost / session: \$150.00, limit 6 students / session (1 / sailboat)

Session Code	Days	Time	Dates	
A:	M,T,W,Th	10 – 4	July 4,5,6,7	<i>Enter session codes for which you are registering in the spaces below</i>
B:	M,T,W,Th	10 – 4	July 11,12,13,14	
C:	M,T,W,Th	10 – 4	July 18,19,20,21	
D:	M,T,W,Th	10 – 4	July 25,26,27,28	

Please indicate first and second choice by session code: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
(If you wish to register for two or more sessions, just enter each one – e.g. "1) A,C 2) A,D")

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother / Father alternate number: \_\_\_\_\_

Sailing Experience: \_\_\_\_\_

B.C. Medical Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Please indicate any medication conditions / allergies / disabilities or other conditions of which we should be aware:  
\_\_\_\_\_

### RELEASE

I agree to be bound by the rules and regulations set forth by the Deep Bay Yacht Club and its instructors. In consideration of me and/or my child being permitted to take part in the program, I agree to save and keep indemnified the Deep Bay Yacht Club and their respective agents, officials, servants and representatives from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to person or property, howsoever caused, arising out of or in connection with taking part in the DBYC Wind Warriors Sailing Program, notwithstanding that the same may have been contributed to or caused or occasioned by the negligence of the same bodies or any of them, or their agents, officials, servants or representatives. I further understand and agree that this release is binding upon myself, my heirs, executors and assigns.

I agree to be held responsible for any damage to club property or equipment caused by the careless, reckless or willful conduct of my child.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please PRINT name clearly: \_\_\_\_\_

Yes, I would like to help out as a volunteer (non-binding).

Please make cheques payable to: **Deep Bay Yacht Club**

**REGISTER SOON AS SPACE IS LIMITED**

DBYC Wind Warriors Sailing Program  
Box 169  
Bowser, BC V0R 1G0