

SHEBOYGAN YOUTH SAILING CLUB, INC.
619 BROUGHTON DRIVE
PO BOX 471
SHEBOYGAN, WI 53082-0471
TEL 920.783.0294
SHEBOYGANYOUTHSAILING.COM



SHEBOYGAN
YOUTH SAILING
CENTER

PARTICIPATION AGREEMENT – STUDENT

Notice: the student and a parent or legal guardian must read and sign this form before the student may participate.

Risk: Sailing, like most sports, does involve an element of risk to injury. Students will be sailing in water deeper than they can stand, a sudden wind gust could cause their boat to capsize, parts on the boat can cause injury and exposure to the elements, if not properly prepared, can cause problems.

In an effort to make sailing classes as safe as possible, students will be instructed in rules which will reduce the risk. It is vital that the students follow the directions of the Instructors and the SYSC rules which will be explained at their first class.

Sheboygan Youth Sailing employs a Head Instructor trained in risk management and coaching, by the United States Sailing Association. All instructors are current in Red Cross Standard First Aid and CPR.

Acknowledgement: We have read the above information concerning risk involved in sailing. We understand and assume the risk involved in participating in the sailing classes.

Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by the SYSC for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

We will abide by the rules of the SYSC and those rules established for the program. We hereby release the Sheboygan Youth Sailing Club, Inc. the Sheboygan Yacht Club, its officers, members, instructors, or employees and the Sailing Education Association of Sheboygan from any liability arising from or connected with participation in the sailing classes.

Student signature

Parent / Guardian signature

Date

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Parents / Guardian Name

Student's name

Address

City, State, ZIP

Home phone

Work phone

Home email

EMERGENCY NAME and PHONE,
If parents cannot be reached

Physician's name

Physician's phone

Physical limitations (e.g., eyeglasses or
contacts, limited hearing, injuries, etc.):

Psychological limitations (e.g., anxieties,
fears, hyperactivity, hypersensitivity, etc.):

Chronic ailments (e.g., asthmas/other
respiratory problems, circulatory or heart
problems, diabetes / hypoglycemia, epilepsy,
hemophilia / bleeding problems, etc.):

Allergies: _____

Medications (current) _____