



SEAFORD YACHT CLUB JUNIOR SAILING REGISTRATION FORM

I am entering my child for session(s):

Session #1: June 24-28, 2024

Session #2: July 1-3, 5 2024

Session #3: July 8-12, 2024

Session #4: July 15-19, 2024

Session #5: July 22-26, 2024

Session #6: July 29-Aug 2, 2024

Session #7*: August 5-9, 2024

**Intermediate camp for ages 10-18 with experience of at least 2 camp sessions or sailing team.*

Participant's Name: (First) _____ (Last) _____

Mailing Address: (Street, City, State, ZIP) _____

Birth Date: _____ Age: _____ Height: _____ Weight: _____

Name of Parent(s)/Guardian(s): _____

Parent(s)/Guardian(s) Phone: Parent/Guardian #1 Cell: _____ Home: _____ Work: _____

Parent/Guardian #2 Cell: _____ Home: _____ Work: _____

*I/we agree to receive text message updates regarding Junior Sailing. Yes No

Email: _____ Confirm Email: _____

Please list below the names and contact numbers for any other adults who are authorized to pick up your child from camp or whom we may contact in the event of an emergency and we are unable to reach you.

Authorized Contact #1 Name: _____ Primary Phone Number: _____

Authorized Contact #2 Name: _____ Primary Phone Number: _____

Authorized Contact #3 Name: _____ Primary Phone Number: _____

Authorized Contact #4 Name: _____ Primary Phone Number: _____

I agree the above authorized contacts may pick up my child or be contacted in the event of an emergency if I am unable to be reached.

Signed (Parent/Guardian): _____ Date: _____

Select child's T-Shirt size (included in camp tuition):

Youth M

Youth L

Youth XL

Adult S

Adult M

Adult L

Adult XL

Name of relative(s), if any, who/is a/are member(s) of the Seaford Yacht Club:





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Please tell us how you found out about the Seaford Yacht Club Junior Sailing Program.

- Talking to a friend
- Social Media (if so, please state where)
- SYC website
- WY Daily, Daily Press, Virginian Pilot, etc.
- Other _____

Photos will be taken during Junior Sailing classes. I understand my child's photo may be used on promotional materials.

Select the below cost option for the SYC Junior Sailing Program:

\$300 for Seaford Yacht Club members and their
family. \$330 for non-SYC members

To reserve your space, a full payment or a deposit of \$100 must accompany the registration form. The balance may be paid at any time but must be paid in full at least 30 days prior to the sailing camp start date.

Mail to:
Seaford Yacht Club, Inc.
Attn. Junior Sailing, c/o Lynn Kelly
P.O. Box 1885
Yorktown, VA 23692

or pay via PayPal @seafordyachtclub: <https://paypal.me/seafordyachtclub>



Refund Policy: All cancellations made up to 30 days before the scheduled Junior Sailing week will be given a full refund minus a \$25 processing fee. Cancellations within 15-30 days of the scheduled week will forfeit the \$100 deposit and will be charged a \$20 processing fee and but will receive a refund of any amount paid above the deposit. Cancellations made within 14 days of the scheduled week will forfeit the entire amount paid unless a child on the waiting list fills the cancelled slot. Seaford Yacht Club reserves the right to extend courtesy refunds, including full refunds, for cancellations that stem from extenuating circumstances and will make every effort to be fair to both clients and staff.

The information provided is accurate to the best of my knowledge. This form is either signed by or submitted from the individual email of the party responsible for the attendee.

Signed (Parent/Guardian): _____ Date: _____

If you have any questions, please contact Seaford Yacht Club Junior Sailing program at (757) 315-6859 or the SYC Junior Sailing Chairperson, Lynn Kelly, at juniorsailing@seafordyachtclub.com.



Revised February 4, 2024



SEAFORD YACHT CLUB, INC.

Junior Sailing Program Liability Release

KNOW ALL PERSONS BY THESE PRESENTS:

THAT, I (Print Name) _____, am the parent or guardian of
(Print Child's Name) _____ (the "Participant") who has made an application for
participation in the Junior Sailing Program of the Seaford Yacht Club, Inc., a Virginia corporation, in participation with the
York County Sailing Team (YCST), a Virginia corporation.

In consideration of the acceptance of the Participant in the Junior Sailing Program, I hereby release and forever discharge
the Seaford Yacht Club, Inc. and YCST, their officers, directors, agents, servants and employees, members, guests,
successors and assigns, from any and all causes of action, claims, suits, and demands for damages (including property
damage, personal injury or death), in law or equity, by reason of the Participant in the Junior Sailing Program or in the use
by the Participant of any property of the Seaford Yacht Club, Inc. or YCST.

I do further agree to indemnify and save harmless the Seaford Yacht Club, Inc. and YCST from any claims, losses or
damages sustained as a result of the Program activities of the Participant. Further, I agree to indemnify and save harmless
the Seaford Yacht Club, Inc. and YCST for any expenses, including costs and reasonable attorneys' fees, arising out of any
loss or claim for damages sustained or caused by the Participant.

I acknowledge that participation in the activities of the Junior Sailing Program is inherently dangerous, and I assume the
risk of any injury, damage or loss that the Participant may incur in such activities.

Date: _____

PARENT/GUARDIAN (Signature) _____

(Printed Name) _____

Please return completed form to:

Seaford Yacht Club, Inc.
Attn.: Junior Sailing Program, C/O Lynn Kelly
P.O. Box 1885
Yorktown, VA 23692

or email to: juniorsailing@seafordyachtclub.com





SEAFORD YACHT CLUB, INC.
Junior Sailing Program
Medical Release

Authorization for Emergency Medical Treatment

Let it be known that I, _____ a legal resident of _____
now residing at _____
am the lawful parent/guardian and have full custody of _____.

That I have made, constituted, and appointed, and by these presents do make, constitute and appoint officers, directors, agents, servants and employees of The Seaford Yacht Club, Inc. to act for me and in my name place, and stead to perform any and all acts hereinafter set down, as fully to all intents and purposes as I might or could if personally present, with full power of substitution and revocation hereby ratifying and confirming all the sail personnel shall do or cause to be done by virtue of this power, to wit:

I AUTHORIZE ANY AND ALL MEDICAL AND HOSPITAL CARE AND TREATMENT, INCLUDING MAJOR SURGERY, DEEMED NECESSARY BY A DULY LICENSED PHYSICIAN OR DULY LICENSED STAFF PHYSICIAN AT ANY MEDICAL FACILITY WHICH IS NECESSARY FOR THE HEALTH AND WELL-BEING OF MY CHILD NAMED HEREIN.

The term of this appointment is effective for the period(s) indicated below:

- | | |
|---|---------------------------------|
| June 24, 2024 through June 28, 2024 | July 22 through 26, 2024 |
| July 1 through July 3, and July 5, 2024 | July 29 through August 2, 2024 |
| July 8 through July 12, 2024 | August 5 through August 9, 2024 |
| July 15 through July 19, 2024 | |

_____ (Signature of Parent/Guardian) Date: _____

Child's medical information or history (such as allergies, medicines, etc.)

Child's medical doctor: _____ Doctor's phone number: _____

Doctor's address _____

IN CASE YOU CANNOT BE REACHED, PLEASE PROVIDE A BACK-UP NAME AND PHONE NUMBER TO BE USED IN CASE OF AN EMERGENCY:

Name _____ Phone Number _____

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