



2019 Plymouth Yacht Club Jr. Sailing Registration Form



Name: _____ Date of Birth: _____ Sex: _____
Last First M.I. Nickname

Address: _____
Number Street Town Zip Code

Father's Name: _____ Mother's Name: _____

Guardian is: Father ___ Mother ___ Both ___ Other ___ (if other, list name and address below):

Telephone: Home _____ Work _____ Cell _____

Email _____ OK to distribute contact info to other parents/students? Yes No

T-shirt size (circle) Youth: S M L Adult: S M L XL (Info for Junior Liaisons to offer later in the season)

SESSION	<u>Two Week Programs:</u>	<u>Four Week Programs</u>
Please circle choice	Session 1: June 24 th – July 5 th	Session 1: June 24 th – July 19 th
	Session 2: July 8 th – July 19 th	Session 2: July 22 nd – Aug 16 th
	Session 3: July 22 nd – Aug 2 nd	
	Session 4: Aug 5 th – Aug 16 th	<u>Eight Week Programs</u> June 24 th – Aug 16 th

CLASS FEES: circle choice below

**** Please make checks payable to Plymouth Yacht Club**

Sailing Class	*420/420 Race	Opti-Race	Opti Intro	Adv Sail	Mate 2	Mate 1	First Mate	First Mate 8	Learn to Sail
Member									
2 week			\$185	\$205	\$205	\$205	\$180		\$205
4 week	\$465	\$335	\$335	\$385	\$385	\$385	\$335		\$385
8 week	\$825	\$620	\$620	\$670	\$670	\$670		\$620	\$670
Non-member									
2 week			\$255	\$255	\$255	\$255	\$205		\$255
4 week	\$670	\$490	\$490	\$435	\$435	\$435	\$385		\$435
8 week	\$1130	\$875	\$875	\$720	\$720	\$720		\$720	\$720

*Includes mandatory charter fee for Club owned 420s for five (5) Program designated regattas (not including PYC Jr. Regatta). All other outside regattas with the approval of the Program Director if 420s available with a \$250 damage deposit.

A limited number of Optis are provided by the Club to previously approved students for \$250 for the season, \$150 for 4 weeks. All other Opti sailors must provide their own boat.

Total Paid: \$ _____ *

* Deduct \$100 deposit paid with Pre-Registration and deduct \$25 per student if enrolling 2 or more; discount applies after first full paid enrollment

The following must accompany this registration:

- | | | |
|---------------------------------------|-----|----|
| Plymouth Yacht Club Health Record | yes | no |
| Signed Physician's Health Certificate | yes | no |
| Photocopy of Medical Insurance Card | yes | no |

****Students may not participate in the Program unless all fees and forms have been received by June 19, 2019.**

PLEASE READ

In consideration of being permitted to enter the above program, being fully knowledgeable of the risks of sailing as a competitive sport, and recognizing that it shall be the responsibility of each participant/parent to decide whether to start or to continue instruction or race, I voluntarily assume the risk of participation in the same and agree to hold harmless and indemnify against all and any losses and/or claim incident thereto, the Plymouth Yacht Club, its Officers, its Committee members, and its employees conducting the instruction and/or racing. I understand that a USCG approved life vest with attached whistle is **MANDATORY**.

Parent/Guardian Signature _____ Date _____