



727-321-7295 • www.sailbcyc.org

Boca Ciega YACHT CLUB

Located at 4600 Tifton Drive South • Gulfport, FL 33711

Make check payable to BCYC and mail form to:

BCYC • PO Box 530848 • St Peterburg, FL 33747

PLEASE PRINT CLEARLY; OR FILL OUT ONLINE, PRINT OUT AND SIGN

Registration Form for Boca Ciega Yacht Club Adult Sailing School

Session Start Date _____

Participant's Name: _____ male female

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

(Please provide all the contact info you can. We send notices by email, and we may need to contact you in the event that we are forced to cancel a waterfront session due to weather.)

How did you learn about the Boca Ciega Yacht Club and its Sailing School?

EMERGENCY MEDICAL INFORMATION

Medical information is solicited in order to be better prepared to care for you in the event of an emergency. This information is held confidential.

Who should be notified in case of an emergency? _____

Relationship: _____ Phone(s): _____

Do you have any allergies to foods, drugs or stings; or do you carry medications we should be aware of?

BCYC will make every reasonable effort to accommodate handicaps that may make sailing especially challenging for you. Please describe any physical limitations (knee trouble, back trouble, etc.) or relevant psychological handicaps (fears, anxieties, etc.) which might affect but not prevent your participation in the course:

Agreement and Statement of Understanding:

For value received and in consideration of being permitted to participate in the Sailing School sponsored by Boca Ciega Yacht Club, the undersigned hereby agrees and states:

1. I understand and assume the risks inherent in sailing and agree to wear a Personal Flotation Device (PFD) at all times that I am in a BCYC boat.
2. I understand that sailouts on members' boats are not part of the Sailing School program, advertisements or contrary representations of BCYC members notwithstanding, that they are by invitation only, that no consideration is to be given or accepted by any party in connection therewith, that my opportunity to participate in a sailout is solely at the option of the inviting skipper, and that neither BCYC nor the Sailing School staff (including Table Captains) make any warranty as to the seaworthiness of any member's vessel or the skill and competence of any member.
3. I promise to indemnify and hold harmless Boca Ciega Yacht Club, its officers, volunteer Table Captains and instructors, from any and all damages, losses, claims, suits, actions, expenses, or other liabilities which may arise directly or indirectly from my participation in the Sailing School, absent a showing of willful negligence or intentional misconduct.
4. I specifically indemnify and hold harmless all and every person whomsoever may provide gratuitous service to me or others, including the Boca Ciega Yacht Club and its Sailing School, understanding that they do so freely and without compulsion or direct reward.
5. In providing this medical information, I understand that no trained medical personnel will be present during any portion of this course. In enrolling in this sailing course, I agree to follow all program rules as set forth by the program director and instructors, including prescribed operating positions in the training boats, and certify that I have no physical or relevant psychological limitations that might prevent me from fully participating in this course.
6. I certify that I have read and understand the foregoing. Therefore, witness my signature below.

Signature of participant _____ Date _____

Handwritten signature required

Printed Name _____