



**BCYC SAIL SCHOOL**

4600 Tifton Drive South  
Gulfport, FL33711  
727-321-7295 • www.sailbcyc.org

**Registration Form for Boca Ciega**

**Yacht Club Sailing School**

Basic Sailing School (start date) \_\_\_\_\_

Participant's Name: \_\_\_\_\_ male/female (circle one)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Pager/Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

(If you have a cell phone, pager or email address, it may save you a trip in the event that we are forced to cancel a waterfront session due to weather, etc.)

How did you learn about the Boca Ciega Yacht Club and its Sailing School? (Please check all that apply)

- \_\_\_\_ Newspaper (which one?) \_\_\_\_\_
- \_\_\_\_ Poster or flyer (where did you see it?) \_\_\_\_\_
- \_\_\_\_ Friend (how did your friend learn about us?) \_\_\_\_\_
- \_\_\_\_ Website (how did you come across it?) \_\_\_\_\_
- \_\_\_\_ Other (explain) \_\_\_\_\_

**Agreement**

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 Bailouts 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. I certify that I have read and understand the foregoing. Therefore, witness my signature below

Signature of participant (or legal guardian if participant is under age 18) \_\_\_\_\_ (date)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(please state relationship)

## EMERGENCY MEDICAL INFORMATION

Medical information is solicited in order to be better prepared to care for you in the event of an emergency. This confidential information is held by the program director for the duration of the course and shared as circumstances merit with instructors and medical professionals.

Name of Participant: \_\_\_\_\_

Who should be notified in case of an emergency? \_\_\_\_\_

Name: \_\_\_\_\_ relationship: \_\_\_\_\_

Home phone \_\_\_\_\_ Other phone \_\_\_\_\_

Blood Type: \_\_\_\_\_ Current Tetanus Shot? yes/no (circle one)

Allergies to foods, drugs, stings, etc. \_\_\_\_\_

Do you carry medications or anti-venom, etc. that might be needed in an emergency? \_\_\_\_\_

(describe) \_\_\_\_\_

Please identify any chronic ailments from which you suffer to any degree:

Asthma or other respiratory problems \_\_\_\_\_

Circulatory or heart problems \_\_\_\_\_

Diabetes or hypoglycemia \_\_\_\_\_

Epilepsy or other nervous system conditions \_\_\_\_\_

Hemophilia or other bleeding problems \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Statement of Understanding:

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.

\_\_\_\_\_  
Signature of participant (or legal guardian if participant is under age 18) (date)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(please state relationship)