



# SAILING PROGRAM

Sailor's Name: \_\_\_\_\_ Paid by: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
 Email: \_\_\_\_\_ STYC member?: \_\_\_\_\_  
 Bill to: \_\_\_\_\_ or CC# : \_\_\_\_\_

January, February & March	# of classes	Tuesday	Wednesday	Friday	Saturday	Sunday	member	non member
opti I	8	X					\$280	\$360
opti II	8		X				\$280	\$360
adventure	8		X				\$280	\$360
adventure	8			X			\$280	\$360
pee wee I & II	4				X		\$140	\$180
pee wee III	3				X		\$105	\$135

Payment in full is due at time of registration and is non refundable.

If your sailor is unable to attend a class registration fees will not be prorated.

Parental Consent & Medical Release	STYC
<p>This is to certify that I am the legal parent and/or guardian of _____ born on _____</p> <p>which child is participating in supervised activities of the St. Thomas Yacht Club. Such activities may take place</p> <p>on the premises of the St. Thomas Yacht Club or elsewhere. Notice will be provided to the parents/legal guardian prior to any travel to another island (not including the cays immediately surrounding St. Thomas).</p> <p>I give permission for the above named child to be photographed during activities with the understanding that these photographs may be used for advertisement.</p> <p>I hereby give my consent to proceed with any medical emergency services as may be required for my child in the event I am not available in person to execute a Medical Authorization or release for medical services.</p> <p>The undersigned hereby assumes any and all risks for injuries sustained by the above-named child, while the child is engaged in recreational activities organized, affiliated or in any way connected with the STYC, its agents or employees from and against any and all injuries relating to or arising out of such activities. In addition, by executing below, the undersigned hereby covenants not to institute any suit, claim or cause of action against the STYC, its agents or employees for such injuries. Furthermore, the undersigned hereby agrees to indemnify and hold harmless the STYC, its agents or employees from and against any and all claims arising out of injuries to persons or property as a result of such action.</p> <p>I have read and understand the above-mentioned statements. PARENT or LEGAL GUARDIAN: (please print) _____</p> <p>SIGNATURE: _____ DATE: _____</p>	



Sailor's Name: \_\_\_\_\_ Bill to: \_\_\_\_\_

	C420 @\$50	Thursday opti	Friday opti	Saturday opti	Sunday opti	Total OPTI	Regatta	Off Island	
January	3	3	3	3	3	12	MLK		
February	4	2	1	0	0	3			
March	0	2	2	1	2	7			
<b>YOUR SAILOR</b>								<i>billed separately</i>	
	7					22			

\* 13 opti days required to be billed at \$50 each.  
\* Sailors registering for less then 13 will be billed at \$55 each.

\* All regatta fees will be divided by the number of sailors.  
\* Travel fees apply for off island events.

**Parental Consent & Medical Release**

STYC

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I have read and understand the above-mentioned statements. PARENT or LEGAL GUARDIAN: (please print) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



Sailor's Name: \_\_\_\_\_ Bill to/Paid by: \_\_\_\_\_

	Thursday	Friday	Saturday	Total OPTI	Regatta Days
January	3	3	0	6	MLK
February	4	4	0	8	
March	1	1	0	2	
\$35m \$45 nm				16	

\*Green Fleet winter session includes 16 training days.

\*Additional \$50 per day coaching fee required for events not hosted by the STYC.

★ Payment in full is due at time of registration and is non refundable.

★ If your sailor is unable to attend a class registration fees will not be prorated.

### Parental Consent & Medical Release

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SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_