

## Registration

1. Mail registration forms and minimum \$100 deposit to this address:  
Brigitte Bowers  
Attn. Sail Camp  
1178 Carolina Dr., Merced CA 95301
2. For questions about sail camp, contact Brigitte @ 209 617 0284
3. You must call or text Brigitte @ 209 617 0284 or send an email to [brigittematt@comcast.net](mailto:brigittematt@comcast.net) to inquire about openings before mailing registration forms. Do not try to reserve a place for your child with junior counselors, other adult volunteers, or other LYSA members. Brigitte will reserve a space for your child pending timely receipt of registration forms.
4. We do not guarantee openings. Registration is based on a first-come, first-serve system. Registration for each week is limited depending on the number of junior counselors and adult volunteers available for that week. These limits are necessary to ensure a safe and fun sailing experience for all junior sailors.
5. Registration forms and deposit (or full payment if you prefer to pay all at once) should be received no later than two weeks before your desired week begins. However, some weeks fill up far in advance, so it is best to inquire about openings and send in registration forms as soon as possible.

## Sail Camp Registration Form 2022

Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

LYSA Member \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Mini Campers must be picked up by 1:15. Please initial: \_\_\_\_\_

All other campers must be picked up by 4:15. Please initial: \_\_\_\_\_

Campers must know how to swim. A swim test will be given the first day of Camp.  
Please initial: \_\_\_\_\_

## Camp Description

**Mini and Basic Camps** include instruction on Capri 13s with experienced junior counselors on board. Campers learn the following skills: basic safety, parts of boat, rigging, man overboard recovery, capsizing recovery, docking, trimming sails, sailing a steady course, steering.

Large boats are also sometimes used in our program.

## Camp Hours

Mini Camp: Ages 8-10, 9:00-1:00 daily.

Basic Camp: Ages 10-16, 9:00-4:00 daily.

(All camps run concurrently.)

## 2022 Open Sessions

Please **circle the sessions** you are signing up for:

Session 1	Session 2	Session 3	Session 4	Session 5
June 20-24	June 27-July 1	July 11-15	July 18-22	July 25-29

## Registration Fees

**Mini Camp:** \$130.00 (non-LYSA members)

\$100.00 (LYSA members)

**Basic/ Advanced Camp:** \$185.00 (non-LYSA members)

\$155.00 (LYSA Members)

- Multiple siblings and /or multiple week sign-ups will receive a 15% discount off the total price of camp.
- Ask us about our scholarship program.
- Make checks payable to LYSA Sail Camp.

## **Sail Camp Release from Liability & Hold Harmless Form 2022**

### **CONSENT TO PARTICIPATE**

Please read this Agreement and initial each provision in the space provided to indicate that you have read and fully understand it. Then sign and date this form. If you have any questions about this agreement, please make sure that you ask those questions and receive answers satisfactory to you before signing this agreement.

I, \_\_\_\_\_, am voluntarily enrolling my child, \_\_\_\_\_ to participate in the Lake Yosemite Sailing Association (LYSA) Youth Sailing Program, specifically SAIL CAMP. I understand that there are certain risks associated with sailing, and that serious accidents may occur during sailing. I understand that participants in sailing occasionally sustain serious or mortal personal injuries and/or property damage. I am fully informed to my satisfaction about LYSA Youth Sailing Program and the risks inherent in that program. The risks of injury associated with sailing have been explained and answered to my satisfaction. I knowingly and willingly choose to participate in the LYSA Youth Sailing Program at this time. \_\_\_\_\_

### **ASSUMPTION OF RISK, RELEASE, AND HOLD HARMLESS AGREEMENT**

As stated above, I am fully aware that participating in any LYSA Youth Sailing Program may involve risks of physical injury and/or property damage. I know and understand the scope, nature and extent of the risks involved in this activity. I voluntarily and freely choose to assume any and all risks and dangers on behalf of my child. \_\_\_\_\_

### **RELEASE OF LYSA AND EXEMPTION FROM LIABILITY**

I hereby fully and forever discharge and release the Lake Yosemite Sailing Association, its officers, directors, employees, agents, representatives, volunteers, staff, students, members, successors or assigns (hereinafter collectively referred to as LYSA) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of any damages, both in law and equity, in any way resulting from personal, physical, emotional or property injuries, distress or death sustained during LYSA Sail Camp or any of its associated activities. Exemption from liability by this provision includes any and all loss, damage or injury resulting from intentional conduct or omission or negligence, gross or otherwise, by LYSA or from any other cause or causes. \_\_\_\_\_

### **PROMISE NOT TO SUE**

As stated above, I agree not to institute, initiate, or assist the prosecution of any suit, claim or action, whether at law or equity or otherwise, against LYSA for damages which I or my heirs, executors, administrators or assigns hereafter may have arising from my child's participation in any LYSA Sail Camp program or any of its associated activities.

\_\_\_\_\_

**INDEMNITY AGREEMENT**

I agree to indemnify and hold harmless LYSA from any and all losses, claims, actions or proceeding of any kind which may be directed against or be initiated by me, my child and/or any other person or organization on behalf of myself or my child. This includes reimbursement of all legal costs and reasonable counsel fees incurred by LYSA or other indemnified parties as set forth in this Agreement for the defense of any such actions which may arise directly or indirectly from my child’s participation in any LYSA Sail Camp program. \_\_\_\_\_

**RELEASE OF PUBLICITY PHOTOGRAPHS**

I understand that LYSA may take photographs, either still or moving, of Sail Camp and its students and activities. I hereby release any claim to such pictures. \_\_\_\_\_

**GOVERNING LAW**

I understand that this Agreement shall be construed and governed by the laws of the State of California, and that it cannot be modified unless in writing and signed by both parties. I hereby expressly recognize that this Agreement is a contract and that I have released any and all claims against LYSA as defined above and any other indemnified parties which might result from my child’s participation in any LYSA Sail Camp program, including all claims as set forth above. \_\_\_\_\_

I HAVE CAREFULLY READ THIS AGREEMENT AND ASKED ANY QUESTIONS I HAD, ALL OF WHICH WERE ANSWERED TO MY SATISFACTION. I UNDERSTAND THE CONTENTS OF THIS AGREEMENT. I CERTIFY THAT I AM EIGHTEEN YEARS OF AGE OR OLDER, AND THAT I SIGN THIS AGREEMENT ON BEHALF OF MY CHILD AND MYSELF OF MY OWN FREE WILL.

Date \_\_\_\_\_ Signature \_\_\_\_\_

*Print name* \_\_\_\_\_

(If appropriate:)

Signed on behalf of \_\_\_\_\_, who is under eighteen years of age at the time this agreement is signed.

## LYSA MEDICAL FORM 2022

Child's name

\_\_\_\_\_

Last

\_\_\_\_\_

First

Age & Date of Birth: \_\_\_\_\_

### Physical challenges

Specify below:

\_\_\_\_\_

### Chronic Ailments

Asthma or other respiratory problems:

\_\_\_\_\_

Circulatory or heart problems:

\_\_\_\_\_

Diabetes or hypoglycemia:

\_\_\_\_\_

Epilepsy:

\_\_\_\_\_

Hemophilia or other bleeding problems:

\_\_\_\_\_

Allergies:

\_\_\_\_\_

Foods:

\_\_\_\_\_

Other (if significant):

\_\_\_\_\_

Current medication(s):

\_\_\_\_\_

**Date of last tetanus shot** \_\_\_\_\_

### Physician

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Health Insurance

Name of Insurer \_\_\_\_\_

**Swimming Ability** \_\_\_\_\_

**Please describe below anything else which you feel LYSA should know about your child’s health while participating in sail camp:**

\_\_\_\_\_

**Note:** Program organizers reserve the right to reasonably decide whether or not they will accept students or participants with certain medical, psychological, physical or behavioral challenges which are disclosed either here or verbally. However, LYSA makes no medical judgments about any particular risk to a particular participant and LYSA’s acceptance of this agreement does not invalidate the participants’ waiver, consent or release.

**Emergency Contact Information**

1 \_\_\_\_\_  
Name Relationship Phone

2 \_\_\_\_\_  
Name Relationship Phone

**Emergency Treatment Authorization**

I, \_\_\_\_\_, (Parent/Guardian) authorize the program organizers or their employees to sanction emergency treatment if none of the above named can be contacted at the time of an emergency.

\_\_\_\_\_  
Parent Date

**If the above person is unavailable, please notify:**

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number(s)