## OLCOTT YACHT CLUB ADULT SAILING REGISTRATION

NAME:		DATE OF BIRTH:
ADDRESS:		GENDER:
EMAIL:		
HOME PHONE: CELL PHONE:	·	
NAME OF PARTNER if registering for joint discount:		
TELL US	ABOUT YOUR	SELF:
PREVIOUS BOATING EXPERIENCE - EXPLAIN:		
# OF YEARS:		
DO YOU OWN A BOAT:		
IF YES, MAKE:	MODEL	YEAR
ARE YOU CURRENTLY A MEMBER OF ANY YACHT CLUB?  IF YES, NAME OF CLUB:	-	
PLEASE INDICATE YOUR SWIMMING ABILITIES:		
NONE		RECREATIONAL
TREAD WATER		COMPETITIVE
ARE YOU INTERESTED IN:	WHAT DO YO	DU HOPE TO ACCOMPLISH BY END OF
RACING/CREWING	SESSION:	
CRUISING	<del>-</del>	
DAY SAILING		
ANY PHYSICAL RESTRICTIONS WE SHOULD BE AWARE OF		
ANT FITTSICAL RESTRICTIONS WE SHOULD BE AWARE OF	•	
WHO SHOULD WE NOTIFY IN THE EVENT OF AN EMERGE	ENCY:	
NAME #1:	-	RELATIONSHIP:
PHONE (Home)	-	PHONE (Cell)
NAME #2:		RELATIONSHIP:
PHONE (Home)	_	PHONE (Cell)
Statement of Medical Conditions and Consent for Medical To lattest to the fact that I am in good health and that there is a programs of the Olcott Yacht Club (OYC). I grant permission to be deemed necessary in the event of injury or illness.	no medical cond	
Signature:		Date:
Consent, Waiver and Indemnity Agreement: THIS FORM MUST BE READ AND SIGNED BEFORE ANY STUDI SIGNING THIS AGREEMENT, THE PARTICIPANT AFFIRMS HAN I understand that there are risks inherent in sailing, sailboat r accidents can occur on the water as well as on land during an do for myself, and our personal representatives, family, heirs and discharge Olcott Yacht Club and its officers, directors, againd expense which may result from participation in OYC prog	VING READ IT. racing, and other oy OYC program and assigns, knents, employees	r water-based and land-based programs and that . Such accidents can result in serious injury and death. I owingly and freely waive all claims against and release
Olcott Yacht Club reserves the right to photograph program participants for publicity purposes.		