



## Youth Keelboat Program Registration Form 2019

This hands-on program is for youth ages 13 – 18 who want to try keelboat sailing for the first time or who already have some sailing experience either in keelboats or in dinghies. Upon successful completion students may obtain one of three Sail Canada certifications: Start Keelboat Sailing; Basic Crew; or Basic Cruising standard (See Optional Certifications section).

### Student Information (Please print clearly!!)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Res. #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Ont. Health Card: \_\_\_\_\_ - \_\_\_\_\_ (please include letters)  
Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_  
Res #: \_\_\_\_\_ Bus #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Where did you learn of this program: ABYC website  Beach Metro Ad  Lawn sign   
Previous student  Club Member  Other \_\_\_\_\_ (Check all that apply.)

### Medical Information

Do you have any of the following conditions?

Allergies  Asthma  Diabetes  Epilepsy  Heart Problems

Do you carry an:

EpiPen<sup>®</sup> Yes  No  Medication type: \_\_\_\_\_

Inhaler Yes  No  Medication type: \_\_\_\_\_

Are you on any medication, or do you have any allergies or medical conditions, of which the instructor should be aware?

Please describe and list: \_\_\_\_\_

**You are responsible for ensuring that you are fit to sail before completing this form and must notify the ABYC office if for any reason this should change. Conditions are not suitable for children and may not be suitable for persons with pre-existing health conditions (e.g. pregnancy, heart condition, etc.).**

#### Waiver

**I understand all of the above conditions. I waive all claims against Ashbridge's Bay Yacht Club, its employees, Directors and Members, and agree to indemnify Ashbridge's Bay Yacht Club for any claim brought on my behalf against Ashbridge's Bay Yacht Club.**

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Sailing Experience

Please outline your previous sailing experience: \_\_\_\_\_

Can you swim 15 – 20 metres unaided?  Yes  No

Previous CYA/Sail Canada (CANSail) Standards Achieved (if any): \_\_\_\_\_

