



Name of Participant:		
Name of Parent or Guardian:		
Address:	City:	Postal:
Phone: ()	Alt. Phone: ()	
Email:		
Child's Date of Birth: (M/D/Y)	Age:	M ___ F ___
Emergency Contact:	Relationship:	Phone: () Email:
Emergency Contact:	Relationship:	Phone: () Email:
Family Doctor:	Phone: ()	
Health card #:		
Child's email address (optional) to receive Youth Sail Newsletter:		
Are there any medical, learning or behavioural conditions of which we should be aware (including insect, food, other allergies): Yes _____ No _____		
If yes, please explain:		
Previous sailing experience? (not required)	Can your child swim?	
Please list who will be dropping off/picking up the participant [First & last names with phone no.]		
1.	2.	
Course location: Cedar Island Yacht Club 982 Heritage Rd., Kingsville ON N9Y 2E6	Date of Course for 2024: 9 am - 4 pm July 1 - 5 ___ July 8 - 12 ___ July 15 - 19. ___ August 5 - 9. ___ August 12 - 16. ___ August 19 - 23 ___ One Week Course \$475 July 22 - Aug 2 ___ Over 14 and/or CANSail II Two Week Course \$850	

SEE PAGE 2 FOR ADDITIONAL INFORMATION AND REQUIRED SIGNATURE

Waiver

I understand that it is a condition of my participation in this program that I do so at my own risk. Therefore, in consideration of my acceptance of entry into this program, I agree to save harmless and keep indemnified Ontario Sailing, the host club or organization, Sail Canada, the organizers and their respective agents, officials, servants and representatives from and against all claims actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of connection with or taking part in this program, notwithstanding that the same may have been contributed to or caused or occasioned by the negligence of the same bodies, or any of them, or their agents, officials, servants or representatives. I further understand and agree that this release is binding upon myself, my heirs, executors and assigns. I understand that photographs and/or videos taken of program participants may be used for promotional purposes and I hereby consent to such by Ontario Sailing and the host club or organization. I have read and understand Ontario Sailing's Privacy Policy (www.ontariosailing.ca).

Parent/Guardian Signature _____ Date _____

Please email registration to ciycyouthsailing@gmail.com or send to P.O. Box 214, Kingsville, ON, N9Y 2E9. Payment options: e-transfer to payyouthsail@gmail.com or cheque payable to "Cedar Island Yacht Club". Please include in the e-transfer message or cheque memo the name of the child/children. If paying by cheque, please mark on the outside of the envelope "Youth Sail".

NOTE:

- A \$25 administration fee will be deducted from the refund for any cancellations prior to the start of a session. No refund will be issued once a session has started unless that space can be filled from the waitlist.
- If more than one child from the same family unit is registering for the one week course, the amount payable is \$450/child/week.

T-SHIRT SIZE

A t-shirt is provided as part of your registration. To expedite the process for ordering shirts, please indicate what size should be ordered for your child.

Youth				Adult			
S	M	L	XL	S	M	L	XL



Financial Support is Available Through

