



Melbourne Yacht Club

Participation Agreement

Welcome to Melbourne Yacht Club Dinghy Sailing I. The sailing course you are about to begin is an exciting and demanding challenge, but you need to be aware of what will be involved and be willing to study and practice to achieve success.

A swim test is required of all students, which consists of swimming 50 yards in the waters of the area you will be sailing in, in sailing clothing and footwear. The attached registration and medical and emergency information form must be completed and signed by you or your parents (if you are a minor) and turned in no later than ___/___/____.

You will be required to provide a life jacket (type 2 preferred) that should be Coast Guard approved, the proper size for your weight and build, and be form fitting and comfortable, as you will be wearing it at all times during the course. Put your name on it with waterproof ink. Proper footwear will also be worn at all times, both on land and on the water.

The fee for this course is \$_____. Your instructor will be Matthew Wayne. Please refer to the attached schedule and make sure you arrive on time and are ready to begin at the time listed.

I understand that in entering this sailing course I agree to obey all program rules as set forth by the program director and the instructors, that I will use the utmost care in the use of the boats and equipment; that I will not engage in any horseplay or other disruptive behavior. I understand that failure to attend regularly, arrive promptly, or abide by the rules may result in my dismissal from the program.

I assume full responsibility for any loss or damage, excepting loss or damage covered by insurance, which may come to any person, boat, sailboard, equipment, pier, float, or other property used in conjunction with this course as the result of improper use, negligence, violation of the rules, and other acts of sailors, or other representatives of the club. I accept that the sport of sailing and the conduct of this course entail and are subject to certain inherent risks and assume all risks on land and water of participation in this program. I further agree to hold the club, instructional program, and their representatives harmless for personal injuries and/or property damage.

Participant's Signature _____

Date: ___/___/____.

Parental/Guardian Agreement (if student is a minor):

I understand the contents of this statement and agree to see to it that my child adheres to the program rules. I agree to assume the obligation for the expenses of repair and/or replacement of program equipment that is attributable to my child's reckless or irresponsible behavior. I agree to make an appointment for a parent-instructor conference if requested.

Parent/Guardian's Signature _____

Date: ___/___/____.



Melbourne Yacht Club Medical & Emergency Information

(This form must be completed and signed by you or your parents (if you are a minor) and turned in prior to the start of your course.)

Name: _____ Birth Date: ___/___/____ Sex: M / F

Address: _____
No. Street City State Zip

Do you have a history of, or do you currently have, any physical limitations, learning disabilities, allergies, or other limitations that might prevent you from fully participating in this course? Yes No If yes, please specify what limitations you have: _____

Please check any that apply and provide necessary information:

Chronic Ailments:

- Asthma, or other respiratory problems _____
- Circulatory or heart problems _____
- Diabetes or hypoglycemia _____
- Epilepsy _____
- Hemophilia, or other blood problems _____

Allergies:

- Insect Bites _____
- Bee Stings _____
- Foods _____
- Drugs _____
- Others, if significant _____

Current medications or pertinent information _____

Blood Type: _____ Date of last tetanus shot: ___/___/____

Family Physician Name: _____ Phone: _____

Date of last physical examination: ___/___/____

Insurance Carrier: _____ Insurance ID#: _____



Melbourne Yacht Club
Medical & Emergency Information

Who should be notified in case of emergency?

Name: _____ Relation: _____

Phone: _____ or _____

Name: _____ Relation: _____

Phone: _____ or _____

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the Education Law and/or Public Health Law of the State of Florida and on the staff of any hospital holding a current operating certificate issued by the department of Health of the State of Florida. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being rendered but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the above people prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if any of these people cannot be reached.

Signature _____

Date: ____/____/____

Applicant, or Parent/Guardian (if a minor)



Melbourne Yacht Club Student Registration

Fee Paid: _____

Date: ____ / ____ / ____

Name: _____

Can you swim approx. 50 yards, using
any stroke, in sailing clothing and shoes/boots? Yes No Not sure

Will you be available for all lessons? Yes No

You previous sailing experience: _____

What personal goals do you hope to achieve by taking this course? _____

----- Instructor Use Only -----

Swim Test Passed Yes No _____ Initial Date: ____ / ____ / ____

Course Completed Yes No _____ Initial Date: ____ / ____ / ____



Melbourne Yacht Club

Sailing Class Advance Registration Form

Please register (students name) _____ in the Melbourne Yacht Club Sailing Class starting (date)_____. The total fee for this class is \$_____; I have attached a check for the non-refundable deposit (see below). The balance will be paid on the first day of class.

Adult Class Fee \$175 non-MYC Members, Deposit \$75
 \$150 MYC Members, Deposit \$50

Youth Class Fee \$150 non-MYC Members, Deposit \$50
 \$125 MYC Members, Deposit \$25

I have read the attached class description and agree to the requirements as described.

_____ Date_____

Contact information:

Name _____

E-mail _____

Phone _____

Please return completed forms and deposit to:

Melbourne Yacht Club, Attention: Sailing Education Classes
1202 East River Drive
Melbourne, FL 32901