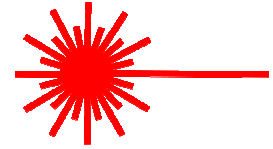




Kingston Yacht Club
High Performance Laser & Radial Team 2012
Application



Applicant Information

Name: _____	Date of Birth: _____
Address: _____	City: _____
Province: _____	Postal Code: _____
Home Phone # : _____	Health Card # : _____
Current Sailing Level Achieved: _____	Weight: _____
Current Swimming Level Achieved: _____	

Parents / Guardians Information

Name: _____	Phone # (Day/Cell): _____ / _____
Name: _____	Phone # (Day/Cell): _____ / _____
Emergency Contact: _____	Phone # (Day/Cell): _____ / _____
E-mail Address: _____	
Family Membership # _____	
Where did you hear about the program? _____	

Course Selection & Fees

Enrolment is limited in this program and the program director and coach must approve applicants.

Please Indicate Level and Session(s)

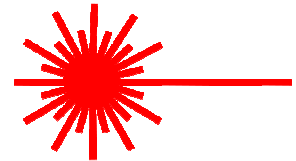
Level	Session	Team Fee ①
	Session A July 3 – Aug 24	
High Performance Radial & Laser Team	<input type="checkbox"/>	<input type="checkbox"/> \$2250

Important Notes:

- The program will NOT run on July 2nd. (Canada Day)
- For each application, a \$500.00 non-refundable deposit per child, per session is required in addition to a post-dated cheque for the remaining balance dated May 1, 2012 Applications will **not be processed** without a deposit **and** a post-dated cheque. Refund of balance will not be made once the session has started (contact Main Office for details).
- Cheques are to be made payable to the **Kingston Yacht Club**



**Kingston Yacht Club
High Performance Laser & Radial 2012
Medical Information & Waivers**



Instructions

Please complete the Medical section if the applicant has any allergies, learning difficulties, medical conditions, or other problems the staff should be made aware of. A Parent or Guardian must complete the Waiver and the applicant must sign the Code of Conduct.

Waiver of Liability

I, as parent or guardian of _____
release the Kingston Yacht Club "The Club" from any claim or action for damages, loss or injury which may occur to my child as a result of their use of The Club facilities or participation in Junior Sailing activities during the 2012 season. I also release The Club from any such claim or action by their heirs or personal representative.

Dated at Kingston this _____ Day of _____, 2012

Parent/Guardian

Signature: _____

Please print name: _____

Witness

Signature: _____

Please print name: _____

Slide Show

During the summer the instructors take pictures of the students for use in the Awards Night Slideshow. We would also like to distribute this slideshow, in CD form, to students of the program early in the following year as a memento. The slideshow and pictures would not be used for any other purpose.

- YES**, I give permission for photos of my child to be included in the slide show.
- NO**, I do not give permission for photos of my child to be included in the slide show.

Medical Information

Notes

Code of Conduct

I hereby make application to join KYC Radial Team and will abide by the KYC Rules and by the By-Laws as they apply to Junior Members and the regulations and disciplinary measures as laid down by the Junior Sailing Director and the Head Sailing coach.

Applicant's Signature: _____ Date: _____

Submission Instructions

Please return application and cheques (or provide credit card information to):

Kingston Yacht Club
1 Maitland Street
Kingston, Ontario.
K7L 2V3

Tel: (613) 548-3052 ext. 1
Fax: (613) 548-8876
JS (613) 547-2620
Email: office@kingstonyachtclub.com
URL: www.kingstonyachtclub.com

OFFICE USE ONLY					
Date Received	Total Fee	Deposit Amount	Post Dated Amount	Due Date	Letter Sent
	\$2250	\$500.00		May 1	