



# PONTCHARTRAIN YACHT CLUB

## FALL ADULT CLINIC REGISTRATION 2018

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous Sailing Experience \_\_\_\_\_

**Circle the Clinic you will attend  
(8:30 a.m.-2 p.m. with a half hour lunch break)**

**Clinic 1- August 25<sup>th</sup> & 26<sup>th</sup>**

**Clinic 1- September 8<sup>th</sup> & 9<sup>th</sup>**

**Clinic 2 - October 6<sup>th</sup> & 7<sup>th</sup>**

**Clinic 3 October 13<sup>th</sup> & 14<sup>th</sup>**

**Member Rate \$275/ Non-Member Rate \$300**

Check # \_\_\_\_\_ charge PYC Membership # \_\_\_\_\_

Credit card number \_\_\_\_\_ exp.date \_\_\_\_\_ security code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact 1 (Name/Phone) \_\_\_\_\_

I, the undersigned being an applicant for admission to the Pontchartrain Yacht Club Sailing Clinic, do hereby acknowledge that participation in the Sailing Clinic and/or Racing Program poses certain inherent risks which cannot be avoided and acknowledge that we are accepting those risks.

In consideration of the acceptance of applicant's application, I release and forever discharge the Pontchartrain Yacht Club, its Officers, its Board of Directors, its Sailing School Committee, their servants, agents, and employees, from any claim for property damage, injury or death arising out of or during the course of any participation in the Sailing Program.

I further certify that, to the best of my knowledge, the applicant is in good physical condition and suffers from no physical, emotional or mental impairment, which would adversely affect his/her ability to safely participate in sailing activities.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

**\*You will need a lifejacket, refillable water bottle, sunscreen and boat/water shoes**