

Sheboygan Youth Sailing Center
619 Broughton Drive
PO Box 471
Sheboygan, WI 53082-0471
TEL 920.783.0294
Sheboyganyouthsailing.com



SHEBOYGAN

YOUTH SAILING

CENTER

2023 YOUTH PARTICIPATION AGREEMENT

Notice: the student and a parent or legal guardian must read and sign this form before the student may participate.

Risk: Sailing, like most sports, does involve an element of risk to injury. Students will be sailing in water deeper than they can stand, a sudden wind gust could cause their boat to capsize, parts on the boat can cause injury and exposure to the elements if not properly prepared can cause problems.

In an effort to make sailing classes as safe as possible, students will be instructed in rules which will reduce the risk. It is vital that the students follow the directions of the Instructors and the Youth Sailing Center rules which will be explained at their first class.

The Youth Sailing Center employs a Head Instructor trained in risk management and coaching, by the United States Sailing Association. All instructors are current in Red Cross Standard First Aid and CPR.

Acknowledgement: We have read the above information concerning risk involved in sailing. We understand and assume the risk involved in participating in the sailing classes.

Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by the *SYSC* for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

We will abide by the rules of the Sheboygan Youth Sailing Center and those rules established for the program. We hereby release the Sheboygan Youth sailing Club, Inc. the Sheboygan Yacht Club, its officers, members, instructors, or employees from any liability arising from or connected with participation in the sailing classes.

Student signature

Parent / Guardian signature

Date

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Parent / Guardian Name	Student Name
Address	City, State, ZIP
Home phone	Work phone
Home email	EMERGENCY NAME and PHONE, If parents cannot be reached
Physician's name	Physician's phone
Physical limitations (e.g., eyeglasses or contacts, limited hearing, injuries, etc.):	
Psychological limitations (e.g., anxieties, fears, hyperactivity, hypersensitivity, etc.):	
Chronic ailments (e.g., asthmas/other respiratory problems, circulatory or heart problems, diabetes / hypoglycemia, epilepsy, hemophilia / bleeding problems, etc.):	
Allergies: _____	Medications (current): _____