

## Summer Sailor's Checklist

- PFD (Lifejacket): US Coast Guard Approved, Type III. Brands like ExtraSport and Stoliquist are the most popular and comfortable. Fit is important, so please choose the appropriate size for THIS summer. It is suggested to write the child's name in large print.
- Quick drying shirt: you should expect to get at least a little bit wet!
- Bottoms/shorts/pants: this will protect skin from sticking to the boat and/or slipping around too much and being painful
- Footwear: sandals, water shoes, flip-flops, Bonus points for secure water capable shoes to protect feet better!
- Sunscreen: Every sailor must have their own tube. The more protection the better. Ideally choose a waterproof variety that won't hurt the eyes.
- Hat: even better sun protection.
- Sunglasses: Important protection for the only eyes you have!
- Water Bottle and Snack: staying hydrated is important for a safe, fun, learning experience! We have bottle filling stations around the club.
- Bailer: "Every sailor brings a bailer" which can easily be fashioned by cutting the *bottom* off of a gallon water, juice or medium sized laundry soap jug.
- Waterproof Watch: With countdown timer (racing sailors)
- Change of clothes and a towel: besides wearing clothes to get wet in, every sailor should have extra dry clothes.
- Good Attitude: Well rested, well fed, happy, and ready to HAVE FUN!
- Towel: MBYC does have a couple showers and kids end up playing in the water.
- Lunch: Packed lunches are recommended (Especially for sailors in both morning and afternoon classes!)
  - MBYC's Galley is open Monday - Friday, 11am - 2pm

# Medical Information and Authorization for Treatment

**\*Please fill out and return to MBYC Junior Office\***

Child's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Medical Information

Primary Care Physician's Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

Allergies to Medications:

\_\_\_\_\_

Medical Conditions for which the minor is receiving treatment:

\_\_\_\_\_

Prescription Medications the minor is taking:

\_\_\_\_\_

Other pertinent medical information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S) As custodian of the aforementioned minor, I grant my authorization and consent for a designated adult to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, I authorize him or her to seek professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize the designated adult to exercise best judgment upon the advice of medical or emergency personnel.

Effective Date: \_\_\_\_\_.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Parent / Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

In Case of Emergency Call:

NAME	RELATIONSHIP	CELL NUMBER

## Mission Bay Yacht Club Junior Program

### RELEASE OF LIABILITY

**\*Please sign and return to the MBYC Junior Office\***

The undersigned parents or legal Guardians (hereafter referred to in the singular) of (herein referred to as the "child"), request that the child be allowed to participate at Mission Bay Yacht Club in any Junior Activity (herein referred to as "the activities").

In return for the child being permitted to take part in the activities and to use the facilities and property of Mission Bay Yacht Club each of us makes the following promises and warrants the truth of the following facts:

1. I am familiar with the programs included in the activities and I understand officers and employees of Mission Bay Yacht Club are available to discuss the activities if I should wish for additional information. I also understand I am solely responsible for the arrival and departure of my child at the beginning and end of each day's activity. I will not allow my child to remain on the premises after each day's program without appropriate supervision or the written permission of the Mission Bay Yacht Club Junior Program. I agree Mission Bay Yacht Club will have no responsibility for the supervision of my child at times other than during the scheduled activities. I will inform my child that he/she is expected to cooperate with and follow the directions of the person in charge of the activities and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others. \*[     ]
2. My child is in good health and I know of no reason why he/she would be incapable of participating in the activities. My child knows how to swim. I will immediately notify Mission Bay Yacht Club Junior Program if a change in my child's health or other condition affects my child's ability to participate in the activities. \*[     ]
3. **WAIVER OF LIABILITY:** I waive and release any right I, my heirs, distributees, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of or prosecute Mission Bay Yacht Club or any of its directors, officials, agents, employees and affiliated organizations (herein referred to as "the releases") for monetary damages caused by injury to my child or damage to the property of my child or myself arising from my child's participation in the activities and use of the facilities and property of Mission Bay Yacht Club, including the use of photographs and the name of my child involving any such activities and use, whether or not the injury or damage results from the negligence or other action, except irrational acts, or any of the releases. \*[     ]
4. **ASSUMPTION OF RISK:** I am aware that the activities may involve maneuvering a boat, sailboard or other watercraft on waters in potentially hazardous conditions which may include among other things, strong winds and high waves, sudden and unexpected immersion in deep waters and collision with other watercraft



PHOTO AND/OR VIDEO RELEASE FORM

I, \_\_\_\_\_, the parent or legal guardian of the children mentioned below, grants Mission Bay Yacht Club my permission to use photographs and videos showing Junior Program Sailing activities for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_