



Rush Creek Yacht Club Junior Winter Sailing 2011

Intermediate/Advanced Sailing and Racing

Classes run Jan 10th – Mar 12th

Times may vary slightly with end of daylight savings

Double-handed Int/Adv (420, Keelboat)	
Day:	Wed, Sat, TSA Events
Date:	Jan 12, 15, 19, 22, 26, 29 Feb 2, 5*, 9, 12, 16, 19*, 23, 26 Mar 2, 5-6, 9, 12
Time:	4:15-dusk, weekends vary
Ages:	12-18
Cost:	Member: \$285 Non-member: \$356 *subject to change because of possible regatta participation

Opti Int/Adv (Opti, Keelboat)	
Day:	Fri, Sat, TSA Events
Date:	Jan 14, 15, 21, 22, 28, 29 Feb 4, 5*, 11, 12, 18, 19*, 25, 26 Mar 4, 5-6, 11, 12
Time:	4:15-dusk, weekends vary
Ages:	8-15
Cost:	Member: \$285 Non-member: \$356 *subject to change because of possible regatta participation

Double-handed Weekends (420, Keelboat)	
Day:	Sat, TSA Events
Time:	Varies
Date:	Jan 15, 22, 29 Feb 5*, 12, 19*, 26 Mar 5-6, 12
Ages:	12-18
Cost:	Member: \$150 Non-member: \$187 *subject to change because of possible regatta participation

Single-handed Weekends (Opti, Keelboat)	
Day:	Sat, TSA Events
Time:	Varies
Date:	Jan 15, 22, 29 Feb 5*, 12, 19*, 26 Mar 5-6, 12
Ages:	8-15
Cost:	Member: \$150 Non-member: \$187 *subject to change because of possible regatta participation

RCYC program fees include class-time on and off the water instruction, 420 and Opti Green boat charter, and regatta coaching support. Regatta/clinic entry fees, transportation, lodging, and meals are will vary be event.

What to bring: Life jacket, appropriate spray gear, lunch (for all day classes), shoes, change of clothes, towel, sunscreen, water bottle, and snack.

Contacts

Virginia Hannan
VC Education
214 364-5856
ljcanine@hotmail.com

Hunter Farris
Program Manager/Coach
216-598-5905
hunter@rcyc.org



Rush Creek Yacht Club Junior Winter Sailing 2011

Junior Winter Sailing Registration (email to office@rcyc.org)

Child's Last Name	
Child's First Name	
Child's Age & Grade	
Street Address	
City	
State	
Zip	
Parent Name	
Parent Name	
Cell Phone	
Home Phone	
Work Phone	
Email	

	Class	Cost
	Double-handed Int/Adv	
	Opti Int/Adv	
	Double-handed Weekends	
	Single-handed Weekends	
	Creeker Racing Team	

RCYC Member Charge _____ or make checks payable to RCYC



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MEDICAL CONSENT FORM and LIABILITY RELEASE AGREEMENT

NAME OF PARTICIPANT: _____ AGE: _____

NAME OF PARENT/GUARDIAN (printed): _____

HOME ADDRESS: _____

TELEPHONE NO: _____ CELL PHONE: _____

In the event of accident, injury or illness involving any child of mine (specifically including my child named above as the "Participant") or me or my spouse while in, on, or about the premises of the Rush Creek Yacht Club (the "Club") or while participating in any activity sponsored by or under the auspices of said Club under circumstances where I am physically unable to consent or am not present,

1. I hereby voluntarily authorize and consent to the furnishing to myself, my spouse, or any child of mine of such medical care, attention, and treatment by any hospital, physician or dentist as such hospital, physician or dentist may deem necessary or advisable, including any x-ray examination, anesthetic, medical, or surgical diagnosis or procedure.
2. I authorize any adult associated with the activity to consent to such medical care, attention and treatment.
3. I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost the assisting adult, the Club and the officers, employees and members of said organizations.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

ALTERNATIVE PERSONS TO CONTACT:

NAME	RELATIONSHIP	PHONE NUMBERS (Including Mobile Phone Number)
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PRIMARY CARE PHYSICIAN:

NAME	PHONE NUMBER
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ATTACH COPY OF HEALTH INSURANCE CARD, OR COMPLETE THE FOLLOWING:

HEALTH INSURANCE CARRIER	INSURANCE ID NO.	NAME OF INSURED
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PHONE NO. FOR VERIFICATION	CLAIMS MAILING ADDRESS
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I agree that a photocopy of this consent or a copy sent by facsimile may be accepted by any health care providers.
This consent shall be valid for one (1) year from the date of signing.

SIGNATURE OF PARENT/GUARDIAN

DATE



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LIABILITY RELEASE AGREEMENT

IN CONSIDERATION OF ACCEPTANCE OF MY CHILD'S REGISTRATION TO PARTICIPATE IN THE RCYC JUNIOR PROGRAM AND, RECOGNIZING THE RISKS ASSOCIATED WITH THE SPORT OF SAILING, THE UNDERSIGNED HEREBY WAIVES ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE AND HEREBY RELEASES THE RUSH CREEK YACHT CLUB AND ALL OF THEIR DIRECTORS, OFFICERS, MEMBERS, EMPLOYEES, AND THE REGATTA VOLUNTEERS AND SPONSORS, OF AND FROM ANY AND ALL CLAIMS AND LIABILITIES OF WHATEVER KIND, INCLUDING THOSE OF NEGLIGENCE AND GROSS NEGLIGENCE, WHICH I OR MY CHILD MIGHT HAVE, ARISING OUT OF MY CHILD'S PARTICIPATION IN THE REGATTA AND ALL ACTIVITIES RELATING THERETO.

Child's Name: _____

Parent or Guardian's Signature: _____

Date: _____