



Coos Bay Yacht Club

Jr. Sailing School Registration Form

____ Beginning Sailing School (Please print except for signature, one student per form) ____ Advanced Sailing School

Student Name: _____ Age: _____

Address: _____

Parent/Guardian Name: _____

Telephone Number: (for emergency contact)

Home: _____ Cell: _____ Work: _____

T-Shirt Size: (please circle one) Youth S M L Adult S M L

Tell us about yourself so we can plan best. On a scale from 1 to 5, how would you rate yourself on:

Comfort level of being in the water: 1 2 3 4 5 Experience level in a boat: 1 2 3 4 5

(Optional) How tall are you? _____ Boats come in different sizes! ☺

Coos Bay Yacht Club Member Sponsor (if immediate family is not a member): _____

In Case of Emergency

Contact: _____ Phone: _____

Student's Physician: _____ Phone: _____

Your Consent: I hereby authorize the Coos Bay Yacht Club and its representatives to seek and receive emergency medical treatment for the above student. The student is covered by medical insurance from:

Company: _____ Group/Policy #: _____

I hereby agree to hold harmless, to exempt from liability and defend the Coos Bay Yacht Club, its officers, members, and sailing school instructors from any legal action taken as a result of any injuries, property damage, death, or other liabilities incurred during the Junior Sailing School at the Coos Bay Yacht Club or while upon club property or using club or privately owned boats.

Signature of Parent/Guardian _____ Date _____

Postmarked by June 15, 2019 to: CBYC Sailing School
2201 14th Court
North Bend, OR 97459

Checks made payable to:
Coos Bay Yacht Club