



2022 Summer Sailing Program
Student Registration Forms

Household & Emergency Contact Information

Parent/Guardian:

Name: _____ Phone: _____
 Address: _____ Email: _____
 City, State, Zip: _____

Adult Responsible for Student Drop-off and Pick-up:

Name: _____ Relationship: _____
 Email: _____ Phone: _____

Adult Responsible for Payment:

Name: _____ Phone: _____
 Method of Payment: PayPal Check Cash (in person) Scholarship Request

Emergency Medical Contacts:

In the event of a medical emergency during the Summer Sailing Program, the following individuals should be contacted (in the order listed):

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____

Student(s) Registering from this Household

List each Student from this Household in the table below, then complete the pages of Medical Information, Authorization for Emergency Treatment, Visual Media Consent and Liability Waiver, and Behavioral Rules and Guidelines for each individual Student.

Student Name	Date of Birth (MM/DD/YY)	Preferred Session(s)	Sailing Level	T-Shirt Size
1.		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Child: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
2.		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Child: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
3.		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Child: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
4.		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Child: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL

For PCYF Use Only	
Date Application Received: _____	<input type="checkbox"/> Fees paid privately <input type="checkbox"/> Enrolled through Boys & Girls Clubs of Oxnard <input type="checkbox"/> Scholarship granted (eg, PCYF, CIWSA)



PACIFIC CORINTHIAN YOUTH FOUNDATION

2600 S Harbor Blvd, Oxnard, CA 93035

Tel: (805) 443-8756

Federal Tax ID#: 77-0312074

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Individual Student Medical Information

Student Name: _____ **Date of Birth:** _____ **Gender:** M F

Tetanus/Diphtheria Booster Date: _____ **Blood Type (if known):** _____

COVID-19 Vaccination: None Yes, Date of Dose 1 _____, Dose 2 _____, Booster _____

Body System	Normal/ None	Comments
Eyes & Ears (glasses, contact lenses, hearing aid)		
Bones, Joints, & Muscles (recent broken bones, sprains, strains)		
Allergies & Sensitivities (asthma, seasonal/food allergies, sun sensitive)		
Other Chronic or Acute Conditions (migraines, ADHD, special needs)		

Additional Comments and Current Medications (Name, Condition, Dose, Frequency): _____

NOTE: PCYF instructors will administer a medication to a Student only if the medication is (1) presented to the instructor by the parent/guardian and (2) accompanied by written authorization and directions for administration.

Authorization for Emergency Treatment

In the event of a medical emergency involving _____ (Student), the individuals listed as Emergency Medical Contacts should be contacted. If none of them can be reached, I hereby authorize Pacific Corinthian Youth Foundation (PCYF) and/or its employees to seek any and all emergency medical treatment for this Student.

Student's Physician/

Medical Group Name: _____

Address: _____ **Phone:** _____

Medical Insurance Carrier: _____ **Plan/Group#:** _____

Parent/Guardian Signature: _____ **Date:** _____



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Visual Media Consent

I give Pacific Corinthian Youth Foundation (PCYF) permission to make photographs, videotapes, films, or other likenesses of my child/legal ward and me. I hereby grant PCYF the unrestricted right to copyright any of the above-mentioned materials containing images of us as well as the unrestricted right to use and reuse them, with their caption information, in whole or in part, in any manner, for any purpose, and in any medium now known or hereinafter invented, in perpetuity, and in all languages throughout the world. These rights include, but are not limited to, the right to publish, copy, distribute, alter, license, and publicly display these materials for editorial, trade, marketing, and/or advertising purposes. I also grant PCYF and its licensees the unrestricted right to use and disclose our names in connection with the use of the above materials. I understand and agree that we will not be paid for any use described above. I also waive, release, and discharge PCYF, its officers, employees, and/or agents from any and all claims arising out of the connection with any use of the materials, caption information, and images described above, including any and all claims for libel, defamation, and/or invasion of privacy or unwanted publicity.

Liability Waiver

Safety is always the first priority in the PCYF Sailing Program. To minimize the chance of injury, PCYF personnel check the boats, docks, and training area daily for hazards and eliminate such hazards by repairing and/or reporting to the appropriate person or agency. Sailing is a physical water-based activity with inherent risks, which will be pointed out to Students during the Program and through adherence to the Behavioral Rules and Guidelines. Stubbed toes, bumps, bruises, splinters, and more serious injuries, including possible death, may occur from tripping or falling on the docks or in the training facility, improper use of boats, rough-housing, running on the docks, or other causes.

On behalf of myself and the Student, I agree, to make no claims against the County of Ventura, including all departments, agencies, and employees associated with the County of Ventura, or against Pacific Corinthian Youth Foundation (PCYF) or any of its officers, directors, members, agents, employees, or associated yacht clubs, including, but not limited to, Pacific Corinthian Yacht Club (PCYC), for any loss of, or damage or injury to any person or persons, including the Student, or property, and to protect and indemnify PCYF and its officers, directors, members, agents, employees, or associated yacht clubs, including, but not limited to, PCYC, against liability for any loss, damage, or injury caused or incurred by the Student.

By signing this form I hereby certify that I am the Parent/Legal Guardian of the Student named below, who is between 8 and 18 years old during the current calendar year, weighs at least 40lbs, and can swim at least 15 yards. I have read this release and fully understand its contents, meaning, and impact. I realize that I cannot withdraw my consent after signing and that this release is binding on me and my heirs, legal representatives, and assigns.

Student Name: _____

Parent/Guardian Signature: _____ **Date:** _____



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Behavioral Rules and Guidelines

The Pacific Corinthian Youth Foundation (PCYF) Summer Sailing Program is built around the US Sailing Association's philosophy of "safety, fun, learning," that is, safety first to enhance Students' fun and learning. These Behavioral Rules and Guidelines are intended to assure a safe, rewarding, and fun learning environment for all Students.

1. All Students, parents, guardians, Instructors, and representatives of PCYF are expected to comply with all CDC, state, and local health guidelines in effect at the time of each session.
2. On the first day of class all first-time Students must take a short swimming test, which consists of laps in a pool, treading water, and putting on a USCG-approved lifejacket while in the water.
3. Lifejackets ("PFDs") shall be worn at all times when the Student is on the dock or in a boat.
4. In support of team responsibility for derigging the boats at the end of each day, Students will not be allowed to leave until their boats and related equipment have been properly stored.
5. Shoes, or other foot protection approved by an Instructor, shall be worn at all times. Students are responsible for their own sun protection – at a minimum, shoes, hat, sunscreen, and sunglasses.
6. Students are expected to show respect for their peers, the Instructors, and others; to obey the Instructors; and to observe Instructor-established boundaries at all times.
7. Students shall not run on the docks; climb on the boat racks, trailers, dock, or rocks near shore; throw objects at others; use obscene language; or display any other behavior that is disruptive or otherwise interferes with the conduct of daily classes.
8. Students are expected to properly dispose of their own trash and keep their belongings together in a neat and orderly fashion.

It is important for the Student and Parent/Guardian to review and agree to obey these Rules and Guidelines together before the first class. The consequences of not following them will vary with the infraction, ranging from "time out" to loss of privileges and suspension from the program.

Bullying will not be tolerated. Verbal or physical abuse as well as any behavior that jeopardizes the Student's or another's safety will result in early dismissal for the day and a warning to the Student and Parent/Guardian. A second incident will result in the Student's dismissal for the remainder of the session with no refund of tuition fees.

I hereby acknowledge that I have discussed all the Rules and Guidelines above with

Student Name _____, and s/he agrees to comply with them.

Parent/Guardian Signature: _____ Date: _____