



**2023 Summer Sailing Program**  
**Student Registration Forms**

**Household & Emergency Contact Information**

**Parent/Guardian 1 Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Parent/Guardian 2 Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Adult Responsible for Payment:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Method of Payment:**  PayPal  Check  Cash (in person)  Scholarship Request

**Authorized Adults for Student Drop-off and Pick-up:**

1. Name: \_\_\_\_\_ **Phone:** \_\_\_\_\_

2. Name: \_\_\_\_\_ **Phone:** \_\_\_\_\_

3. Name: \_\_\_\_\_ **Phone:** \_\_\_\_\_

**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.

<b>Student Name</b>	<b>Date of Birth (MM/DD/YY)</b>	<b>Preferred Session(s)</b>	<b>Sailing Level</b>	<b>T-Shirt Size*</b>
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	Youth: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult: <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	Youth: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult: <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	Youth: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult: <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL

<b>For PCYF Use Only</b>	
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

**Vaccinations:** Tetanus/Diphtheria: None Yes, Last Booster Date \_\_\_\_\_

COVID-19 Vaccination: None Yes, Last Booster Date \_\_\_\_\_

Other \_\_\_\_\_: None Yes, Last Booster Date \_\_\_\_\_

**Special conditions**, eg, allergies, injuries, eyeglasses/contact lenses, hyperactivity, physical or learning disabilities: None Yes, \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Current medications** (Name, Condition, Dose, Frequency): None Yes, \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

**Authorization for Emergency Treatment**

In the event of a medical emergency involving \_\_\_\_\_ (Student), Pacific Corinthian Youth Foundation (PCYF) staff will attempt to contact the individuals listed as Emergency Medical Contacts with this registration form. If none of them can be reached, I hereby authorize PCYF and/or its employees to seek any and all emergency medical treatment for this Student.

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

**Additional Information in Case of Emergency**

**Student's Physician/  
Medical Group Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Insurance Carrier:** \_\_\_\_\_ **Plan/Group#:** \_\_\_\_\_



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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 the Visual Media Consent and Liability Waiver above and fully understand the 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, consisting of laps in a pool, treading water, and putting on a USCG-approved lifejacket while in the water.
3. Shirts, shorts, and closed-toe shoes, sandals, or other foot protection approved by an Instructor shall be worn on the premises at all times.
4. Lifejackets ("PFDs") shall be worn at all times when the Student is on the dock or in a boat. Swimming attire is acceptable at the pool, on the dock, or in a boat.
5. Students are responsible for their own hydration and sun protection – at a minimum, water bottle, hat, sunscreen, and sunglasses.
6. Students are expected to properly dispose of their own trash and keep their belongings together in a neat and orderly fashion.
7. 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.
8. Students are expected to show respect for their peers, the Instructors, and others; obey the Instructors; and observe Instructor-established boundaries at all times.
9. Students shall not run on the dock; climb on the boat racks, trailers, dock, or rocks near shore; throw objects at others; use obscene language; nor display any other behavior that is disruptive or otherwise interferes with the conduct of daily classes.

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," temporary loss of privileges, to 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: \_\_\_\_\_**