



2021 Summer, Fall Programs



JUNIORS Sailing Program
Summer Jun 21 - Aug 13, Fall Sep 19 – Nov 7, 2021

Sabot and Laser Skills (Age 7+17):

Summer Program: June 21 – Aug 13, 2021 Monday through Friday

8:00 am – 12:00: Beginner and intermediate (level of competence TBD upon review)

1:00 pm – 5:00 pm: Intermediate to Advanced session

Cost \$800.00, Club members and non-members welcome

Spring and Fall classes held every Sunday

Fall Program: September 19 – November 7, 2021

12:00 pm – 4:00 pm Beginner through Advanced

Cost \$400.00 Club members and non-members welcome

These clinics are designed for the sabot sailor who should be a minimum of Seven years old by April 8, 2021. Classes include classroom instruction and practical experience on Sabot and Laser sailboats provided by the Seal Beach Yacht Club and/or Seal Beach Yacht Club Sailing Foundation, a non-profit corporation. Students will learn sailing skills in protected waters in usually light winds. Skills will include rigging, boat handling including docking, points of sail, right of way rules, and most importantly, water safety. This clinic is open to all students regardless of race, gender, gender orientation, religion, national origin and disabilities which can be accommodated and do not create a danger to themselves or others.

Boats

Seal Beach Yacht Club or the Seal Beach Yacht Club Sailing Foundation, a non-profit corporation provides Sabots and Lasers for use by our students. There is no additional charge for the use of these boats by students enrolled in sailing classes during the 2021 season. Students are expected to treat the boats with care. Those who have their own boats are encouraged to use them for the program. However, storage space is limited, and the Club bears no responsibility for the safekeeping, repairs or maintenance on student owned boats.

**Section 1: Sailor
information One form per
child please.**

First Name _____

Last Name _____ Age_

Birth Date: ____/____/____

Home Address:

Street _____

City _____

State__ Zip_____

Sailing / Junior Program Experience:

Sabot _____

Laser _____

Other _____

SIBYC member: Yes__ No__

Parent 1: _____

E-Mail _____

Home Phone: (____) - __ -

Work Phone: (____) - __ -

Cell Phone: (____) - __ -

Parent 2: _____

E-Mail _____

Home Phone: (____) - __ -

Work Phone: (____) - __ -

Cell Phone: (____) - _____

**SIBYC Sailing Foundation is a
volunteer organization. Parent
participation is welcomed and is
greatly appreciated.**

Section 2: Payment Method

Payment Amount \$ _____

Check # _____

Sailors Name(s) _____

Sailors Name(s) _____

Registering for:

Spring _____ Summer _____ Fall _____

Make Check payable to: "Seal Beach Yacht Club Sailing Foundation"

VISA/Mastercard # _____ Exp. Date _____

Name of
Cardholder: _____

Address: _____

City: _____ State _____ Zip Code: _____

Signature _____

No refunds will be made for cancelations received less than 7 days prior to scheduled class start.

Please mail or deliver this form and payment to:

**Seal Beach Yacht Club Sailing Foundation
255 North Marina Drive
Long Beach, CA 90803**

Phone: (562)505-9517

e-mail: sealbeachjrs@gmail.com

Website:

<http://slbyc.com/programs/juniors>

**MEDICAL AUTHORIZATION and LIABILITY RELEASE &
AUTHORIZATION FOR USE OF PHOTOGRAPHIC AND
ELECTRONIC IMAGES FOR LIMITED USEAGE**

As evidenced by my signature below, I _____, as parent or legal guardian of _____ (hereinafter "Sailor"), hereby provide my consent for Sailor to participate in any and all activities of the Seal Beach Yacht Club Sailing Foundation's (SIBYCSF) Juniors Sailing Program (the "Program"), including participation in the Program and any and all transportation to and from any and all related activities (the "Activities") in consideration for all the following terms:

Medical Care Authorization: In the event of an accident, or other medical emergency, I authorize the Seal Beach Yacht Club Sailing Foundation, as agent for the undersigned and to whom the Sailor has been entrusted, consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the child which is deemed advisable by, and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at offices of said physician or at a clinic or hospital.

I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment and or hospital care which the aforementioned physician in the exercise of his or her best judgment deemed advisable. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California.

Release of Liability and Indemnity Agreement: I accept responsibility for any and all damages to any property caused by the negligence, willful or gross negligent acts or omissions of the Sailor, whether such damages is to property of the SIBYCSF or third parties, including but not limited to other participants. I further acknowledge that the SIBYCSF is not responsible for lost or stolen items including any personal property, boats or equipment of Sailor, and hereby hold SIBYC and SIBYCSF and their officers, directors, employees, volunteers and agents harmless for same.

I am aware that this Program and the Activities involve sailing and maneuvering of a sailboat or other watercraft in potentially hazardous conditions and that this is a hazardous activity which could exposure Sailor to hazards such as unexpected and strong winds and waves, sudden and unexpected immersion in deep waters, sudden and unexpected equipment failure and includes the potential for collisions with other boats or stationary obstructions such as shoreline, rocks, docks, pilings and buoys.

Notwithstanding inherent risks and the dangers involved, in consideration for Sailor's participation in this program I hereby accept any and all risks to myself and Sailor, including risks of injury, death and property damage arising from participation in the Program and the Activities, and I request that SIBYCSF allow Sailor to voluntarily participate in the program.

In further consideration for Sailor being permitted by SIBYCSF to participate in the program and use related facilities, I, on behalf of the Sailor and myself, our heirs, successors and assigns (collectively "Releasors") forever do release and discharge from liability, the SIBYCSF and the Seal Beach Yacht Club, their agents, employees, volunteers, instructors, officers, administrators, attorneys, insurers, successors, and assigns (collectively "Releasees") from any and all claim, demands, liabilities, cause of action, damages and losses arising out of, or related to the Program, the Sailor's participation in the Program, and the use of the facilities, equipment or property of SIBYCSF, the Seal Beach Yacht Club and The City of Long Beach including, but not limited to, claims arising from any injury, death or property damage to myself or Sailor.

I agree to defend, indemnify and hold harmless Releasees for all claim, demands, liabilities, cause of action, damages, expenses and losses, including reasonable attorneys' fees and costs arising out of or related to Sailor's participation in the Program and the Activities, whether or not a claim arises from negligent acts or omissions of Releasees.

SIBYCSF is not responsible for injury, death or property loss during transportation to and from practices and traveling events. SIBYCSF is not responsible for canceled or postponed practices and/or races nor for death, injury or property damage caused by equipment failure and the consequences thereof.

Release and Consent to Use of Photographs and Electronic Images: I understand and agree that photographs and electronic images of the participants may be taken and used in publicity of this program and we consent to use of images which include myself or my Sailor for such purpose without payment of royalties, fees and charges.

This consent and authorization shall be in effect from June 21, 2021, through December 31, 2021.

BY SIGNING BELOW, I CERTIFY I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS INCLUDING THE RELEASES CONTAINED HEREIN, AND THE ASSUMPTION OF RISK UNDERTAKEN BY AGREEING TO HAVE SAILOR PARTICIPATE IN THE PROGRAM.

Signed: _____

Date: _____

Relationship to Sailor _____

Emergency Contact Information

Sailor's Name _____

Parent/Guardian Name _____

Home Phone (_____)_____- _____

Cell Phone (_____)_____- _____

Work Phone (_____)_____- _____

EMERGENCY CONTACT PERSON (OTHER THAN PARENTS)

Name _____ Relationship _____

Home Phone (_____)_____- _____ Cell: (_____)_____- _____

Address _____

Sailor's Medical Information:

(If possible, please provide a copy of medical insurance card for our records)

Physician Name & Phone _____

Insurance Company _____ Policy Number _____

Allergies _____

Last Tetanus Shot Date _____

Medication _____

Special needs _____

Other Information _____

JUNIORS PROGRAM CODE OF CONDUCT

1. I will be considerate of others in both success and failure.
2. I will represent Seal Beach Yacht Club Sailing Foundation to the best of my abilities.
3. I will follow the rules of contained in the Junior Program Parent Handbook
4. I will always conduct myself in a sportsmanlike manner.
5. I will follow the instructions and directions of the coaches and instructors to the best of my abilities.
6. I will attend all scheduled classes.
7. I will not harass or bully my fellow sailors.

I agree to follow this code of conduct while participating in the SIBYCSF's Juniors Program.

Sailors name (print): _____

Sailor's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____