



Lahaina Yacht Club

835 Front St. Lahaina, HI. 96761

808.661.0191 (p)

office@lyc.us

www.lyc.us

REGISTRATION FORM FOR 2015 ADVANCED SAILING PROGRAM

APPLICATION PER CHILD - PLEASE PRINT LEGIBLY

Q1 _____ Q2 _____ Q3 _____ Q4 _____
JAN-MAR MAR-MAY JUN-AUG SEPT-DEC

Jr. Name _____ DOB _____ Daytime Phone _____

Address/City/Zip _____

Parent Email _____

Sailor Email _____

Please submit payment (check only) and make check payable to Lahaina Yacht Club (please reference Junior Sailing Team and the sailors name in the comments on your check).

QUARTER: \$125 LYC Member (# _____) \$150 Jr. member \$200 Non-Member

FULL YEAR: \$300 LYC Member (# _____) \$400 Jr. member \$600 Non-Member

Persons to Notify in Case of Emergency

Name _____ Phone: _____

Name _____ Phone: _____

FORM MUST BE COMPLETED & RETURNED WITH PAYMENT TO LYC BEFORE CHILD CAN PARTICIPATE IN THE 2015 JUNIOR TEAM PROGRAM. NO REFUNDS FOR CANCELLATIONS.

HOLD HARMLESS AGREEMENT

KNOWING FULL WELL THAT THE SPORT OF SAILING HAS INHERENT DANGERS, BOTH IN THE LEARNING OF AND THE PERFORMANCE OF, AND THAT I MAY BECOME PHYSICALLY INJURED FOR AN ACCEPTED FACT, AND I, MY HEIRS AND/OR ESTATE DO HEREBY INDEMNIFY, AND HOLD HARMLESS, THE LAHAINA YACHT CLUB, A HAWAII NON-PROFIT CORPORATION, ITS EMPLOYEES, AND ITS OFFICERS FROM ANY LIABILITY OR ANY FORM THAT MAY RESULT FROM ANY PHYSICAL DAMAGES THAT MAY OCCUR TO ME WHILE USING CLUB EQUIPMENT EITHER IN AN ORGANIZED OR INDIVIDUAL MODE.

SAILOR'S NAME

PARENT OR GUARDIAN

Date