

# VENTURA YACHT CLUB

## 2019 Summer Sailing Camp Sign-Up

☐☐	WEEK	DATES	PRICE
	1	June 17 – June 21	\$215
	2	June 24 – June 28	\$215
	3	July 1 – 5 (No Class July 4)	\$172
	4	July 8 – 12	\$215
	5	July 15 – 19	\$215
	6	July 22 – 26	\$215
	7	July 29 – August 2	\$215
	8	August 5 – 9	\$215
	9	August 12 – 16	\$215
		\$25 Sibling discount per session	
		\$20 discounted for each additional week booked	
		<b>Total Enclosed:</b>	

\*Non-VYC annual members are required to pay a one-time \$25 summer membership fee at the time of registration. Summer membership starts on your first week of camp and is good through August 17<sup>th</sup>.

**Hours: 9am – 4pm • Ages 8 – 18 Only**

**Space is limited. Full payment is required at time of enrollment to secure space.**

Junior's Name \_\_\_\_\_

Age (on 1<sup>st</sup> day of camp) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Method of Payment:

- Check enclosed
- VYC Account # \_\_\_\_\_

If you would like to pay with a Visa or MasterCard, please contact the office.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Ventura Yacht Club**  
**Junior Summer Sailing Camp**  
**Code of Conduct - 2018**

**Student**

I, \_\_\_\_\_, promise:

I will respect the rules of Ventura Yacht Club, and assume responsibility for the care and preservation of the club.

I will clean up after myself, and refrain from disruptive and unruly behavior in the vicinity of the club.

I will not use inappropriate language towards others, including my fellow students and instructors.

I will abstain from harassing or otherwise intimidating anyone on or off the water.

I will treat the equipment with the utmost care and respect, take personal responsibility for its well being, and try to avoid any damages under normal use.

**Parent/Guardian**

I understand that it is my responsibility to sign my child in/out of camp each day.

I understand that there may be situations specific to sailing which are unfamiliar to me or my child. However, I acknowledge that my child's safety is of the highest concern to the instructors.

I agree that upon signing my child in, I am giving the staff full responsibility for my child's activities.

I will not linger on the docks or near the rigging area for my own safety, enabling my child to get the most out of the program.

**Junior signature** \_\_\_\_\_ **Date**

**Parent/Guardian signature** \_\_\_\_\_ **Date**

**Additional Information**

Level of sailor: Number of summer sessions previously completed at VYC \_\_\_\_\_

Beginner (has attended 0-1 sessions previously) \_\_\_\_\_

Intermediate (has attended 2-3 sessions previously) \_\_\_\_\_

Advance (has attended 4 or more sessions previously) \_\_\_\_\_

Does your child have special needs or health concerns that we should be aware of? \_\_\_\_\_ If yes

please explain: \_\_\_\_\_

**\*Size and age of child will depend on what boat he/she sails.**

**Choices of boats are Optimist or CFJ**



APPLICATION FOR JUNIOR MEMBERSHIP  
IN THE VENTURA YACHT CLUB

Ages 8 - 18



Junior's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Cell2 \_\_\_\_\_ Email2 \_\_\_\_\_

Parent/Guardian Work Number \_\_\_\_\_ Name: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

I hereby apply for membership as a junior member in the Ventura Yacht Club and agree to abide by the Articles of Incorporation, By-Laws and other rules and regulations of the Ventura Yacht Club. I understand that my membership may be subject to any rate change in the annual dues, and also to any other assessments or charges that may be adopted in accordance with the provisions of the By-Laws of the Ventura Yacht Club.

The Junior Membership Year runs from June 1 – May 31. The annual membership includes twelve Sunday FUNDAYS between January and December. The annual membership fee does not include race team clinics, regattas, and/or charter fees. Session membership is for one week only to be used for summer camp or to participate in one Sunday Funday.

Junior member applicant hereby acknowledges that their failure to abide by the By-Laws rules and/or the rules and regulations of the Ventura Yacht Club are grounds for the termination of the membership and that no portion of any fees and/or dues will be refunded if a membership is terminated by the Ventura Yacht Club or the junior member.

Independent Member: \$175

Child or Grandchild of VYC Member - \$150

One-week session Membership: \$25 (in addition to camp fees)

Attached is the sum of \$\_\_\_\_\_ for: \_\_\_\_\_ Independent membership  
 \_\_\_\_\_ VYC family membership  
 \_\_\_\_\_ 1-week session membership

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Junior's Name \_\_\_\_\_

Yacht Club \_\_\_\_\_ Ventura Yacht Club \_\_\_\_\_

# JUNIOR ACTIVITIES

## PARENT/GUARDIAN CONSENT AND WAIVER OF LIABILITY

### ASSUMPTION OF RISK – INDEMNITY AGREEMENT

THE UNDERSIGNED PARENTS OR LEGAL GUARDIANS (HEREAFTER REFERRED TO IN THE SINGULAR) OF (HEREIN REFERRED TO AS THE "CHILD"), REQUEST THAT THE CHILD BE ALLOWED TO PARTICIPATE AT ANY VENTURA AREA YACHT CLUB IN ANY JUNIOR ACTIVITY (HEREIN REFERRED TO AS "THE ACTIVITIES").

THIS AGREEMENT SHALL REMAIN IN EFFECT UNTIL VENTURA YACHT CLUB JUNIOR COMMITTEE RECEIVES WRITTEN NOTICE OF THE CANCELLATION OF THE CONSENT OR UNTIL THE END OF THE ACTIVITIES DESCRIBED ABOVE.

IN RETURN FOR THE CHILD BEING PERMITTED TO TAKE PART IN THE ACTIVITIES AND TO USE THE FACILITIES AND PROPERTY OF VENTURA YACHT CLUB, EACH OF US MAKES THE FOLLOWING PROMISES AND WARRANTS THE TRUTH OF THE FOLLOWING FACTS:

I am familiar with the programs included in the activities, and I understand officers and employees of Ventura Yacht Club are available to discuss the activities if I should wish additional information. I also understand I am solely responsible for the arrival and departure of my child at the beginning and end of each day's activity. I will not allow my child to remain on the premises of Ventura Yacht Club after each day's program without appropriate supervision or the written permission of the Yacht Club. I agree Ventura Yacht Club will have no responsibility for the supervision of my child at times other than during the scheduled activities. I will inform my child that he/she is expected to cooperate with, and follow the directions of, the persons in charge of the activities and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.

My child is in good health, and I know of no reason why he/she would be incapable of participating in the activities. My child knows how to swim. I will immediately notify the designated Ventura Yacht Club supervisor if a change in my child's health or other condition would affect my child's ability to participate in the activities.

WAIVER OF LIABILITY: I waive and release any right I, my heirs, distributees, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of or prosecute Ventura Yacht Club or any of its members, directors, officers, agents, employees and affiliated organizations (herein referred to as "the releasees") for monetary damages caused by injury to my child or damage to the property of my child or myself arising from my child's participation in the activities and use of the facilities and property of Ventura Yacht Club, whether or not the injury or damage results from the negligence or other action, except intentional acts, of any of the releasees.

**[Please initial to indicate you have read this paragraph. \_\_\_\_\_ ]**

ASSUMPTION OF RISK: I am aware that the activities may involve maneuvering a boat, sailboard, or other watercraft on deep waters in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep waters, and collision with other watercraft or stationary objects such as docks, pilings and buoys. With knowledge of the dangers involved, I voluntarily ask that my child be allowed to take part in the activities.

I ACCEPT ANY AND ALL RISKS TO MYSELF AND MY CHILD OF INJURY, DEATH AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF VENTURA YACHT CLUB, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTION, EXCEPT INTENTIONAL ACTS, OF ANY OF THE RELEASEES.

**[Please initial to indicate you have read this paragraph. \_\_\_\_\_ ]**

INDEMNITY AGREEMENT: I agree to indemnify and hold the releasees harmless from any loss, liability, damage or cost, including reasonable attorneys fees, that may incur due to my child's participation in the activities and use, whether or not such loss, liability, damage or cost results from the negligence or other action, except intentional acts, of any of the releasees. **[Please initial to indicate you have read this paragraph. \_\_\_\_\_ ]**

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES A WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASEES AND I SIGN IT OF MY OWN FREE WILL.

DATE \_\_\_\_\_ (PRINT NAME NEXT TO SIGNATURE) CONTACT PHONE # \_\_\_\_\_

JUNIOR'S SIGNATURE \_\_\_\_\_

PARENT'S/GUARDIANS SIGNATURE \_\_\_\_\_

PARENT'S/GUARDIANS SIGNATURE \_\_\_\_\_

Junior's Name \_\_\_\_\_

Yacht Club \_\_\_\_\_ Ventura Yacht Club \_\_\_\_\_

# HOLD HARMLESS

In allowing my child/children to participate in the Ventura Yacht Club Junior Sailing Program, I/we hereby absolve the Ventura Yacht Club from any responsibilities and hold them harmless for any damage or injury sustained or caused by said participation.

**JUNIOR MEMBER NAME:** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**PRINTED NAME OF PARENT/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## **VENTURA YACHT CLUB MEDIA RELEASE**

I hereby grant to Ventura Yacht Club, its assigns, licensees and legal representation the irrevocable right to copyright, publish and use in any form or media for advertising, trade, stock use or other lawful purpose, any likeness or photograph in which my child is included, in whole or in part. I waive the right to inspect the finished product, including written copy. I hereby release and agree to hold harmless, its assigns and those operating under its authority from any liability by virtue of the lawful use of those pictures. I warrant that I am of full legal age and that I have read and understand the content of this release.

Date \_\_\_\_\_

Junior's Name: \_\_\_\_\_

Junior's Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Junior's Name \_\_\_\_\_

Yacht Club \_\_\_\_\_ Ventura Yacht Club

# AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

The undersigned parent or guardian of a minor, does hereby consent to any emergency X-ray, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act. It is understood 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 our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent nor any organization involved assumes any financial responsibility for exercising this action.

This authorization is given pursuant to the provisions of Sections 25.8 of the Civil Code of California.

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Persons to contact in emergency

1. \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_

Medical Problems

Known Allergies \_\_\_\_\_

Hospital Insurance plan name and number \_\_\_\_\_

**THIS AUTHORIZATION SHALL REMAIN EFFECTIVE UNTIL REVOKED IN WRITING.**

SIGNATURE (Parent or Legal Guardian) \_\_\_\_\_

\_\_\_\_\_ Address  
\_\_\_\_\_ State Zip \_\_\_\_\_

City

Mother's/Guardian Phone (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_

Father's/Guardian Phone (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_

