



ALYC Learn-to-Sail

Aylesford Lake Yacht Club
 Learn to Sail Program
 PO BOX 61
 Kentville, N.S. B4N 3V9

BOTH PAGES MUST BE COMPLETED & ACCOMPANY PAYMENT FOR REGISTRATION CONFIRMATION.

Mailing Address (Up to 3 participants at the same mailing address can use this form)

Address:			
Town:		Province	
Postal Code:		Home Phone:	
Email address:			
Name # 1:		Name #1	
Date of Birth:		Previous Sail level?	
MSI:		Camp Date:	
Allergies:		Camp Date:	
Other medical:			
Name # 2:			
Date of Birth:		Previous Sail level?	
MSI:		Camp Date:	
Allergies:		Camp Date:	
Other medical:			
Name #3:		Name #3	
Date of Birth:		Previous Sail level?	
MSI:		Camp Date:	
Allergies:		Camp Date:	
Other medical:			

Medical Information

Family Doctor:	Phone:
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Parent/Guardian Information for Participants under 18 years of age

Mother Name:			
Phone (Home/Cottage):		Phone (Work/Cell):	
Father Name:			
Phone (Home/Cottage):		Phone (Work/Cell):	

Emergency Treatment Authorization:

I; _____ Parent/Guardian of _____ Participant;

We the undersigned parent(s) or legal guardian of _____ (child) hereby authorize the ALYC staff, officers and volunteer staff to take whatever actions they believe are warranted for the health and safety of the child, including emergency treatment or care by a physician, registered nurse or other health care professional in the exercise of her/his professional judgment. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that treatment or care may be provided to the child if the undersigned cannot be reached. Initials: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Alternate Contact: _____ Relationship: _____ Phone: _____

Photographic Release:

I hereby acknowledge that my child may be photographed while participating in Aylesford Lake Yacht Club Learn to Sail Program at its sole discretion, to use any such photographs in brochures, flyers and other promotional or educational materials. Initials: _____

Privacy Policy:

I consent to the collection and use of my personal information by ALYC. My information will be shared with Sport Nova and Nova Scotia Health Promotion. I understand that the Nova Scotia Yachting Association privacy policy is accessible at www.nsy.ns.ca in electronic or hard copy format by contact nsya@sportnovascotia.ca or (902) 425-5450. Initials: _____

Parental Agreement:

I/we understand that I/we are responsible for child's behavior and conduct while in the ALYC LTS program and that they will adhere to program rules. I/we agree to assume the obligation for expenses of repair and/or replacement of program equipment that is attributed to our child's reckless or irresponsible behavior. I/we agree to make an appointment for a parent/instructor/sailing school coordinator if requested.

Initials: _____

I; _____ Release the Aylesford Lake Yacht Club, its directors, volunteers and employees from any claims, damages or actions arising out of or in consequence of any loss, injury or damage occurred while participating in a Learn to Sail Program, notwithstanding any such loss, injury or damage may have arisen by reason of the negligence of the Aylesford Lake Yacht Club, its directors, volunteers and employees.

Signature: _____

Date: _____

CAR POOLING. I am interested in car pooling and give Aylesford Lake Yacht Club permission to provide my name and phone number to others from my area who are interested in car pooling.

2. Completed registration form (page 1).

3. Completed waiver form (page 2).

4. Cheque (post dated cheque to be dated no later than June 30, 2010)

MAIL TO: Aylesford Lake Yacht Club Learn to Sail Camps, PO Box 61, Kentville, NOVA SCOTIA.