

Participation Agreement

Summer 2019

The basic sailing course you are about to begin is an exciting and demanding challenge, but you need to be aware of what will be involved and be willing to study and practice to achieve success.

A swim test is required of all students. This will consist of swimming 25 yards in the waters that you will be sailing in with the life jacket that you will be wearing at all times. The student registration and medical and emergency information form must be completed and signed by you or your parents (if you are a minor) and turned in the first day of class along with any fees due. *If you were born on or after Jan. 1, 1989, you must bring your Kansas Boating Education Certification card first day of class.* www.boat-ed.com/kansas/ (Link can also be found on wvsailing.com)

You will be required to provide a US Coast Guard approved life jacket (vest type) that is the proper size for your weight and build. It must be form fitting and comfortable. In addition, footwear (no black soles, they will mark the boat decks and no open toed shoes) will also be worn at all times, both on land and on the water. Please refer to the welcome letter for more details.

YOUTH CENTERBOARD CLASSES

Youth Sessions 1 & 2 will be 10:00-4:00, Mondays, Tuesdays, Thursdays, Fridays

Youth Session 1: July 8th – 12th \$100 For beginning sailors ages 8-11

Youth Session 2: July 15th – 26th \$125 For intermediate sailors ages 12 and up

Age exceptions to session levels will be made by an instructor on a case by case basis.

ADULT KEELBOAT CLASSES

Adult Sessions will be Monday - Friday 6:00 PM-sunset

Adult Keelboat Session 1: July 8th – 12th

The youth course fee is \$100(one week) or \$125(two week) per person & per session

The adult course fee is \$250 per person & per session.

PROVISIONAL MEMBERSHIP

By enrolling in the WVSC/STEP program you become a provisional member of the Walnut Valley Sailing Club and are provided the benefits of a full member of the club with these exceptions: no voting privileges, membership is only for the year you participate in the STEP program.

If you decide to continue your membership, you will need to pay the yearly dues in the following year. There will be no initiation fee.

I understand that entering this sailing course I agree to obey all program rules as set forth by the program director and the instructors, that I will use utmost care in the use of the boats and equipment. I understand that failure to attend regularly, arrive promptly, abide by the rules may result in my suspension from the program.

I assume full responsibility and expense for any loss, damage, or injuries to any person, boats, equipment, docks, or other property used in conjunction with this course as the result of improper use, negligence or violation of the rules.

I understand that the sport of sailing and the participation in this course involve certain inherent risks and I assume and accept all risks on land and on the water while participating in this program. I further agree to hold the school, instructional program (STEP) or WVSC and their representatives harmless for personal injuries and /or property damage.

Student signature_____ Date_____

Parent/ Guardian Signature_____ Date_____

Photo Release For *Youth* Sailors Only

I consent to let the Walnut Valley Sailing Club use my child's photograph for club and community publications.

Child's Name_____

Child's Name_____

Child's Name_____

Parent/Guardian Signature_____ Date_____

WALNUT VALLEY SAILING CLUB

STEP PROGRAM

MEDICAL AND EMERGENCY INFORMATION

(This sheet must be completed and submitted or brought with you on the first day of the course.)

NAME: _____ SEX ____ (M) ____ (F) ____

ADDRESS: _____

TELEPHONE: _____ DATE OF BIRTH _____

PHYSICAL HANDICAPS (injuries, weakness, eyeglasses, contacts, hearing aids, etc.) _____

Please check those that apply: (Provide necessary details on reverse side of this sheet.)

CHRONIC AILMENTS and ALLERGIES:

Asthma, or other respiratory problems ____ Medications _____

Diabetes or Hypoglycemia _____ Bee stings/insect bites _____

Hemophilia, or other bleeding problems ____ Foods (please list) _____

Epilepsy _____ Other _____

Date of last Tetanus shot _____ Blood type _____

Current medications if any _____

Physician _____ Phone _____

Health Insurance Carrier _____

I, the undersigned, do hereby authorize and consent to any x-ray exam, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the State Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of Health. 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 to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

IN CASE OF EMERGENCY CALL:

Name_____

Relationship_____

Phone numbers_____

Name_____

Relationship_____

Phone numbers_____

SIGNATURE OF APPLICANT_____DATE_____

Signature of participant if 21 or over. Signature of parent/guardian if participant is a minor.

**Emergency contacts MUST be reachable and numbers up to date.

Signed enrollment papers can be returned to deanngadalla@yahoo.com

or mailed to

Deann Gadalla

2554 North Rosemont Ct.

Wichita, KS 67228

