

Participation Agreement Summer 2026

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 on 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 on the 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 will be 1:00-7:00 pm, Mondays, Tuesdays, Thursdays, Fridays

Youth Session: June 8th–12th \$150 for non-members and \$125 for members ages 8 and up (no experience sailing necessary).

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, Tuesday, Wednesday, Thursday, Friday 6:00-8:30 pm and Saturday 9:00 am-12:00 pm.

Adult Keelboat Session: June 15th–20th. The adult course fee is \$250 for non-members and \$200 for members.

PROVISIONAL MEMBERSHIP

By enrolling in the WVSC Sail Training 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 Sail Training program.

If you decide to continue your membership, you will need to pay the yearly dues in the following year. The initiation fee will be waived.

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, and abide by the rules may result in my suspension from the program.

I assume full responsibility and expenses 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 or WVSC and their representatives harmless for any 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 SAIL-TRAINING 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, ect.)

Please check those that apply: (Provide necessary details on the 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 participants 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 mictfunk@gmail.com
or mailed to
Stuart Funk
671 NW 90th St.
El Dorado, KS 67042