



BYC Boating Education Enrollment Form

2019 – Buffalo Clubhouse

(Please Complete One Form Per Participant & PLEASE PRINT NEATLY)

Participant's Full Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 City/State/Zip: _____ Birthday: _____
 Email: _____ School & Grade Attending: _____
 Brief Description of Previous Sailing Experience: _____

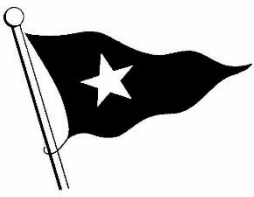
If under 18 years:

Parent/Guardian Full Name(s): _____
 Mother's Contact Phone: _____ Father's Contact Phone: _____
 Mother's E-Mail: _____ Father's E-Mail: _____

Session(s) Requested	Program	Dates Requested	Registration
	High School Sailing	Fall 2019 9/04-11/01	\$400
Total Fees Due			

Send Completed Form & Payment to:
 Buffalo Yacht Club Boating Education
 One Porter Avenue
 Buffalo, NY 14201
 Voice: (716) 883-5900 Fax: (716) 883-7806

Payment Method: ◦ BYC Member # _____ ◦ Check # _____



Buffalo Yacht Club Junior Sailing Health History Form

Name: _____ Date of Birth: _____

Address: Street _____

City _____ State/Zip _____

Telephone: _(____)_____

Emergency Information

Father: _____ Mother: _____

Telephone: Home _(____)_____ Telephone: Home _(____)_____

Work _(____)_____ Work _(____)_____

If Parents Can Not Be Reached

Name: _____ Relationship: _____

Address: Street _____

City _____ State/Zip _____

Telephone: Home _(____)_____

Work _(____)_____

Family Physician

Name: _____ Telephone: _____

Address: Street _____

City _____ State/Zip _____

Health Insurance

Medical Insurance Company: _____

Policy Number: _____ Group Number: _____

Does your child presently have or has he/she ever had any of the following:

	YES	NO
Allergies	_____	_____
Convulsions	_____	_____
Diabetes	_____	_____
Heart Trouble	_____	_____
Fainting Spells	_____	_____
A condition requiring regular medical attention or medication	_____	_____
Impaired hearing	_____	_____
Impaired eyesight	_____	_____
Has your child been hospitalized during the last 3 years?	_____	_____
Has your child been examined or treated by a physician or health care provider during the last 3 years for any medical problem other than regular checkups?	_____	_____
Does your child presently take any medication?	_____	_____

If yes, please provide name and dosage of each medication:

* If you answered yes to any of the above health history questions, please provide additional information on a separate sheet, which should be securely fastened to this form.

Date of immunizations

Tetanus Toxoid	_____	Measles	_____
Polio	_____	German Measles	_____
Mumps	_____	Diphtheria	_____

Parent/Guardian Signature _____

Date _____



**WNY High School Sailing
Consent, Release and Indemnity Agreement**

*Buffalo Yacht Club · 1 Porter Avenue · Buffalo, NY 14201 · 716-883-5900 · Fax 716-883-7806
Buffalo Canoe Club · 4475 Erie Road · Ridgeway, ON L0S-1N0 · 905-894-2750*

I, _____, request that my son/daughter, _____, be permitted to participate in the High School Sailing Program and in consideration of my child being permitted to participate in said activities, I hereby release and discharge the Buffalo Yacht Club and the Buffalo Canoe Club, their agents, officers, directors and members from any and all liability of whatsoever kind for any personal injury, sickness, or medical or hospital expense occurring or resulting from or arising out of any activity or substitute activity directly or indirectly connected with High School Sailing Program, and I hereby assume all risk of any liability for injury or damage to the person or property of my son/daughter, while engaged in such activities, however caused, and I further agree to indemnify and save harmless the Buffalo Yacht Club and the Buffalo Canoe Club, their agents, officers, directors and members from any and all claims, suits, and liability for injury to the property or to the person of my son/daughter, while engaged in activities at or connected with the High School Sailing Program.

Parent or Guardian's Signature _____
Date

This program does not provide health and accident insurance since most families already carry such coverage. Because of this, we ask that you, as a parent, recognize the element of risk and agree to assume that responsibility for yourself and your child. Please provide the following information:

Medical Insurance Company : _____

Policy Number: _____ Group Number: _____

Please Note: If any participant does not adhere to the rules of the High School Sailing Program, we reserve the right to send that child home without a refund.



WNY High School Sailing



Certification, Authorization, Release and Indemnity Agreement for Medical Services and/or Treatment

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We, the undersigned, certify that the medical information given is true and correct to the best our knowledge and, further, if any changes occur we will immediately notify the Buffalo Yacht Club and the Buffalo Canoe Club.

For valuable consideration received, we hereby authorize the Buffalo Yacht Club and the Buffalo Canoe Club, their officers, directors, agents, servants and or members of the High School Sailing Committee to obtain or attempt to obtain medical services, care and or treatment for _____ (child's name) as shall reasonably appear required as a result of accident and or illness that may arise during his/her involvement, and or participation in High School sailing. Prior to obtaining or attempting to obtain each service, care and or treatment, reasonable efforts shall be made to contact the persons listed on the Health and Release Form.

Further, we hereby release the above described person and entities from any and all claims, demands, actions or causes of action which we, our heirs, personal representatives or assigns have or may have arising out of obtaining or attempting to obtain each such service, care and or treatment.

Further, we hereby promise and agree and covenant to totally and completed indemnify, defend and hold harmless the above described persons and entities from any and all claims, demands, actions or causes of action by any person or persons arising out of obtaining or attempting to obtain each such service, care and or treatment, including but not limited to, direct actions, third-party actions, claims, cross-claims, demands or actions for contribution or indemnification.

Parent or Guardian's Signature

Date



PHOTO RELEASE FORM

I hereby grant permission to the Buffalo Yacht Club (“BYC”) to use my image or likeness (still photograph, motion picture, or otherwise) in conjunction with its advertising materials or in other subsequent publications or websites without further consideration; and I acknowledge BYC’s right to crop, alter or treat such image or likeness at its reasonable discretion. I also acknowledge that BYC may choose not to use my image or likeness at this time, but may do so at its own discretion at a later date.

NAME: _____

DATE: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

SIGNATURE: _____

