

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: _____

High School Sailing

Spring 2019 3/25- 5/31

\$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 # _____

Rev 08/20/18

Buffalo Yacht Club High School 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

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

We, the undersigned, certify that the medical information given is true and correct to the best of 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 completely 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: _____