



# SAYC JUNIOR SAILING PROGRAM

## ST AUGUSTINE YACHT JUNIOR SAILING PROGRAM

*Medical Release – Waiver of Liability – Photo Release – Emergency Info*

Sailor's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Program \_\_\_\_\_ Date \_\_\_\_\_

*I, (Parent/Guardian) \_\_\_\_\_ understand the activities involved in the St Augustine Yacht Club Junior Sailing Program and do hereby enroll my child \_\_\_\_\_; a minor, to participate in the SAYC Junior Sailing Program. Furthermore, I authorize St Augustine Yacht Club, its officers, directors, agents and employees to sanction medical treatment and / or transportation of my child in the case of emergency accident or illness, understanding that I shall be responsible for the cost of such treatment.*

*I certify that my child is healthy with the consideration for the following restrictions or health concern: (allergies, asthma or other medical conditions) \_\_\_\_\_*

*I also certify my child is capable of swimming unassisted for fifty yards and can tread water for one minute at the end of the fifty yard swim.*

*To the extent allowed in accordance with Florida General Laws, I hereby waive any liabilities that St Augustine Yacht Club, its officers, directors, agents or employees might have for, and agree that said officers, directors, agents or employees shall not be held liable for any bodily injury to my child.*

*As part of the program, I understand photographs may be taken of my child and/or myself and used for promotional purposes.*

Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Email \_\_\_\_\_ School \_\_\_\_\_  
Signature \_\_\_\_\_

### EMERGENCY CONTACTS

Name \_\_\_\_\_ Relations \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relations \_\_\_\_\_ Phone \_\_\_\_\_