



442 Ocean Vista Ave
St. Augustine, Florida 32080
Tel (904) 824-9725

Email: sailcommodore.staugustineyc@gmail.com

SAYC FALL Sail Team Registration Form 2018

Sailors Name: _____

Address: _____

Parents or Guardian Names: _____

Phone Numbers: Parent: _____ Sailor: _____

Email Addresses: Parent: _____ Sailor: _____

Emergency Contacts: _____

Sailor's Birthday: _____ Gender (M/F) Shirt Size: _____

Fall Practice, Clinic, and Regatta Schedule (see full schedule on next page). Key Dates include:

| | |
|---|---|
| Aug 18–Registration & Work Day 10-3pm Lunch Incl | Sept 22 Saturday FYC Equinox Regatta - Jax |
| Aug 26 Sail Team Practice: 420/12-4pm, Opti/1-5pm | Oct 6 & 7 Dunedin Regatta - |
| Sept 8-9 420 Clinic Sat & Sun 9am-4pm | Oct 27 & 28 Lake Eustis – Halloween Howler |
| Sept – Nov Weekly Sunday Practice 12-4pm | Nov 17 Turkey Trot – Halifax Sailing Center |

*** Community Service Project – TBA ***

420 & Opti Teams Fees

SAYC Non-Members: \$380

(\$300 Registration fee/ \$80 Assoc. Membership fee, includes tax)

SAYC Members: \$275

Sail Team Shirt and Rules Book Included

NEW! ... Sail Team Associate Membership INCLUDED – Family can use YC clubhouse, order food and drink, access to fleet and facilities available to team member and family. Pay-as-you-go No Charging to Account. See details on back.

Registrations can be dropped off at SAYC or emailed to;

manager.staugustineyc@gmail.com

Questions contact: John Grannis 904-571-2227

sailcommodore.staugustineyc@gmail.com

Melissa Wissel 904-293-3307

fleetcaptain.staugustineyc@gmail.com

Diane Scott 904-824-9725

manager.staugustineyc@gmail.com

A check may be dropped off at St Augustine Yacht Club (if the Club is closed, place payment in mailbox on front deck) or call SAYC 904-824-9725.

Payment Received: Cash Check # _____



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SAYC FALL Sail Team Associate Membership Application

You are submitting this application for the three month limited **Fall Youth Sail Team Associate Membership** to the St. Augustine Yacht Club. This membership status is only valid while your child is enrolled in a Youth Sail Team program sponsored by the SAYC. By signing below, you agree to pay your accounts as they accrue (pay as you go) and agree to abide by the SAYC Club Rules, House Rules and Guest Policy.

With this 3 month Youth Sail Team Associate Membership you and your family are entitled to:

- Use the SAYC Clubhouse (during regular hours of operation), facilities, parking lot and fleet.
- See the SAYC Fleet Captain to arrange to be checked out for boat usage.
- Wednesday evening dining from 5-9 pm
- Friday night socials from 5-9 pm and other SAYC social events (see on line calendar and dress code).
- Sunday Family Fun Days (see calendar for open dates)
- This Associate Membership is renewable one time.
- Consider full Family SAYC Membership for the year (\$100 initiation fee incentive applies).
- Youth Sail Team Associate Membership Limitations: Non-voting membership. Not eligible for Officer or Board positions. Not eligible for member reduced rates. Two tier social event pricing applies. Must have a minor enrolled in a SAYC sponsored Youth Sail program.

Parents' names and dates of birth: _____

Address: _____

Phone Numbers: _____

Email addresses: _____

All children's names and dates of birth: _____

Have you ever been convicted of a felony? YES NO

We agree to the terms and conditions of the Youth Sail Associate Membership and agree to abide by Club Rules.

Signatures and Dates:

Please visit our web site at www.staugustineyc.com and like us on Facebook.



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 Racing 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* _____