



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

Email: saildirector.staugustineyc@gmail.com

SAYC Spring Sail Team Registration - Opti

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, Regatta Schedule Key Dates include:

Feb 3: Registration/Work Day/Practice, 10am - 4pm	Mar 23-24: Clearwater Regatta (overnight)
Feb 9-10: St. Petersburg Regatta (overnight)	May 11: Wendy Thomson Memorial Race
Feb 16-17: Team Coaching Clinic, 8am - 4pm	May 18-19: Cowford Cup, Jacksonville
All practices are Sundays 12:00pm* - 5:00pm	

** Sailors should have boats rigged and ready to be ON the water at the start of practice (12pm)*

Opti Team Fees

SAYC Non-Members: \$380

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

SAYC Members: \$275

Sail Team Associate Membership *INCLUDED* with non-member registration – 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/payments may be mailed to or dropped off at St Augustine Yacht Club, 442 Ocean Vista Ave., or call 904-824-9725 to make payment arrangements. Email registration to manager.staugustineyc@gmail.com.

Questions contact: Melissa Wissel 904-293-3307 saildirector.staugustineyc@gmail.com
Diane Scott 904-824-9725 manager.staugustineyc@gmail.com

Payment Received: Cash Check # _____



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SAYC Spring Sail Team Associate Membership Application

You are submitting this application for the four month limited **Spring 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.

4- month Youth Sail Team Associate Membership entitles you and your family to:

- Use the SAYC Clubhouse (during regular hours of operation), facilities, and parking lot.
- Wednesday evening dining
- Friday night socials and other SAYC social events (see online calendar and dress code).
- Sunday Fun Days (see calendar for dates)
- This Associate Membership is renewable one time.
- Consideration for full Family SAYC Membership for the year (\$100 initiation fee incentive applies).

Limitations of Youth Sail Team Associate Membership: 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.staugustineyachtclub.com and like us on Facebook.



SAYC Youth Sailing

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 _____ Relation _____ Phone _____

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