Note: Due to Covid-19 concerns, LYSA Junior Sailing will not accept payment with registration for summer 2021. Instead, mail in only registration forms. If we are able to hold sessions, you will pay your entire fee on the first day of camp. At this time, we are being optimistic and hoping that we will be able to hold sail camp this summer. We will keep parents and guardians informed about the status of sail camp once we receive registration forms.

Registration

- 1. Mail registration forms to this address:
 - **Brigitte Bowers**
 - Attn. Sail Camp
 - 1178 Carolina Dr., Merced CA 95301
- 2. For questions about sail camp, contact Brigitte @ 209 617 0284
- 3. You must call or text Brigitte @ 209 617 0284 or send an email to brigittematt@comcast.net to inquire about openings before mailing registration forms. Do not try to reserve a place for your child with junior counselors, other adult volunteers, or other LYSA members. Brigitte will reserve a space for your child pending timely receipt of registration forms.
- 4. We do not guarantee openings. Registration is based on a first-come, first-serve system. Registration for each week is limited depending on the number of junior counselors and adult volunteers available for that week. These limits are necessary to ensure a safe and fun sailing experience for all junior sailors.
- 5. Registration forms should be received no later than two weeks before your desired week begins. However, some weeks fill up far in advance, so it is best to inquire about openings and send in registration forms as soon as possible.

Advanced Camp

LYSA Junior Sail Camp offers an advanced sail camp for some students, based on level of experience and skills exhibited on the first day of camp. Advanced campers will register for basic junior sail camp and will attend the hours and pay the fees for basic camp. LYSA adult volunteers will make decisions about placement during the first day of camp, and advanced instruction will begin the following day. Advanced campers will be taught and monitored by adult volunteers who will operate a chase boat for advanced camp.

Advanced sailors will use CFJs (the official boat for university sailing programs). The camp will teach the following skills:

- 1. Skippering
- 2. Racing tactics and practice
- 3. Using a spinnaker

Sail Camp Registration Form 2021

Child's Name
Child's Age Date of Birth
Parent or Guardian
LYSA Member Yes No
Home Address
City Zip Code
E-Mail
Cell Phone
Home Phone
Day Phone
Emergency Contact Phone
Mini Campers must be picked up by 1:15. Please initial:
All other campers must be picked up by 4:30. Please initial:
Campers must know how to swim. A swim test will be given the first day of Camp. Please initial:

Camp Description

Mini and Basic Camps include instruction on Capri 13s with experienced junior counselors on board. Campers learn the following skills: basic safety, parts of boat, rigging, man overboard recovery, capsizing recovery, docking, trimming sails, sailing a steady course, steering.

Large boats are also sometimes used in our program.

Camp Hours

Mini Camp: Ages 8-10, 9:00-1:00 daily. Basic Camp: Ages 10-16, 9:00-4:00 daily.

(All camps run concurrently.)

2021 Open Sessions

Please circle the sessions you are signing up for:

Session 1 Session 2 Session 3 Session 4
July 12-16 July 19-23 July 26-30 August 2-6

Registration Fees

Mini Camp: \$130.00 (non-LYSA members)

\$100.00 (LYSA members)

Basic/ Advanced Camp: \$185.00 (non-LYSA members)

\$155.00 (LYSA Members)

• Multiple siblings and /or multiple week sign-ups will receive a 15% discount off the total price of camp.

- Ask us about our scholarship program.
- Make checks payable to LYSA.

Sail Camp Release from Liability & Hold Harmless Form 2021

CONSENT TO PARTICIPATE

Please read this Agreement and initial each provision in the space provided to indicate that you have read and fully understand it. Then sign and date this form. If you have any questions about this agreement, please make sure that you ask those questions and receive answers satisfactory to you before signing this agreement.

I,, am voluntarily enrolling my child,	to
participate in the Lake Yosemite Sailing Association (LYSA) Youth Sailing Pro	gram,
specifically SAIL CAMP. I understand that there are certain risks associated with	th sailing,
and that serious accidents may occur during sailing. I understand that participan	ts in
sailing occasionally sustain serious or mortal personal injuries and/or property d	lamage. I
am fully informed to my satisfaction about LYSA Youth Sailing Program and the	ne risks
inherent in that program. The risks of injury associated with sailing have been ex-	xplained
and answered to my satisfaction. I knowingly and willingly choose to participate	e in the
LYSA Youth Sailing Program at this time.	

ASSUMPTION OF RISK, RELEASE, AND HOLD HARMLESS AGREEMENT

As stated above, I am fully aware that participating in any LYSA Youth Sailing Program may involve risks of physical injury and/or property damage. I know and understand the scope, nature and extent of the risks involved in this activity. I voluntarily and freely choose to assume any and all risks and dangers on behalf of my child.

RELEASE OF LYSA AND EXEMPTION FROM LIABILITY

I hereby fully and forever discharge and release the Lake Yosemite Sailing Association, its officers, directors, employees, agents, representatives, volunteers, staff, students, members, successors or assigns (hereinafter collectively referred to as LYSA) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of any damages, both in law and equity, in any way resulting from personal, physical, emotional or property injuries, distress or death sustained during LYSA Sail Camp or any of its associated activities. Exemption from liability by this provision includes any and all loss, damage or injury resulting from intentional conduct or omission or negligence, gross or otherwise, by LYSA or from any other cause or causes.

PROMISE NOT TO SUE

As stated above, I agree not to institute, initiate, or assist the prosecution of any suit, claim or action, whether at law or equity or otherwise, against LYSA for damages which I or my heirs, executors, administrators or assigns hereafter may have arising from my

child's participation in any LYSA Sail Camp program or any of its associated activities.
Indemnity and hold harmless LYSA from any and all losses, claims, actions or proceeding of any kind which may be directed against or be initiated by me, my child and/or any other person or organization on behalf of myself or my child. This includes reimbursement of all legal costs and reasonable counsel fees incurred by LYSA or other indemnified parties as set forth in this Agreement for the defense of any such actions which may arise directly or indirectly from my child's participation in any LYSA Sail Camp program
RELEASE OF PUBLICITY PHOTOGRAPHS I understand that LYSA may take photographs, either still or moving, of Sail Camp and its students and activities. I hereby release any claim to such pictures. ———
GOVERNING LAW
I understand that this Agreement shall be construed and governed by the laws of the State of California, and that it cannot be modified unless in writing and signed by both parties. I hereby expressly recognize that this Agreement is a contract and that I have released any and all claims against LYSA as defined above and any other indemnified parties which might result from my child's participation in any LYSA Sail Camp program, including all claims as set forth above.
I HAVE CAREFULLY READ THIS AGREEMENT AND ASKED ANY QUESTIONS I HAD, ALL OF WHICH WERE ANSWERED TO MY SATISFACTION. I UNDERSTAND THE CONTENTS OF THIS AGREEMENT. I CERTIFY THAT I AM EIGHTEEN YEARS OF AGE OR OLDER, AND THAT I SIGN THIS AGREEMENT ON BEHALF OF MY CHILD AND MYSELF OF MY OWN FREE WILL.
Date Signature
Print name
(If appropriate:) Signed on behalf of, who is under eighteen years of age at the time this agreement is signed.

LYSA MEDICAL FORM 2021

Child's name		
La	st	First
Age & Date of Birth:		
Physical challenge Specify below:	: s	
Chronic Ailments		
Asthma or other respirato	ory problems:	
Circulatory or heart prob	lems:	
Diabetes or hypoglycemi	a:	
Epilepsy:		
Hemophilia or other blee	ding problems:	
Allergies:		
Foods:		
Other (if significant):		
Current medication(s):		
Date of last tetanu	ıs shot	
Whom should we c	contact in case of a	n emergency?
Name	Phone	
Physician		
Name	Phone	

Health Insurance Name & Phone # of Insurer		Policy #
Swimming Ability		
Please describe below as know about your child's l		=
Note: Program organizers reserve will accept students or participant behavioral challenges which are demakes no medical judgments about LYSA's acceptance of this agreent consent or release. Contact Information	s with certain medical, p lisclosed either here or vo at any particular risk to a	sychological, physical or erbally. However, LYSA particular participant and
Parents/ Guardians 1 Name	Relationship	Phone
2	Relationship	1 none
Name	Relationship	Phone
Emergency Treatment A	uthorization	
I, or their employees to sanction em contacted at the time of an emerge	_, (Parent/Guardian) aut ergency treatment if non ency.	horize the program organizers e of the above named can be

Parent	Date
If the above person is unavailable, p	please notify:
Name	Relationship
Address	
Phone Number(s)	
Advanced Sail Camp (Please check one.)	
I give permission for my ch	ild to participate in advanced sail camp.
I do not give permission for	r my child to participate in advanced sail camp.
Parent Signature	