

# 2017

## ADULT “LEARN TO SAIL” PROGRAM

[www.fwbc.com](http://www.fwbc.com)

March– October

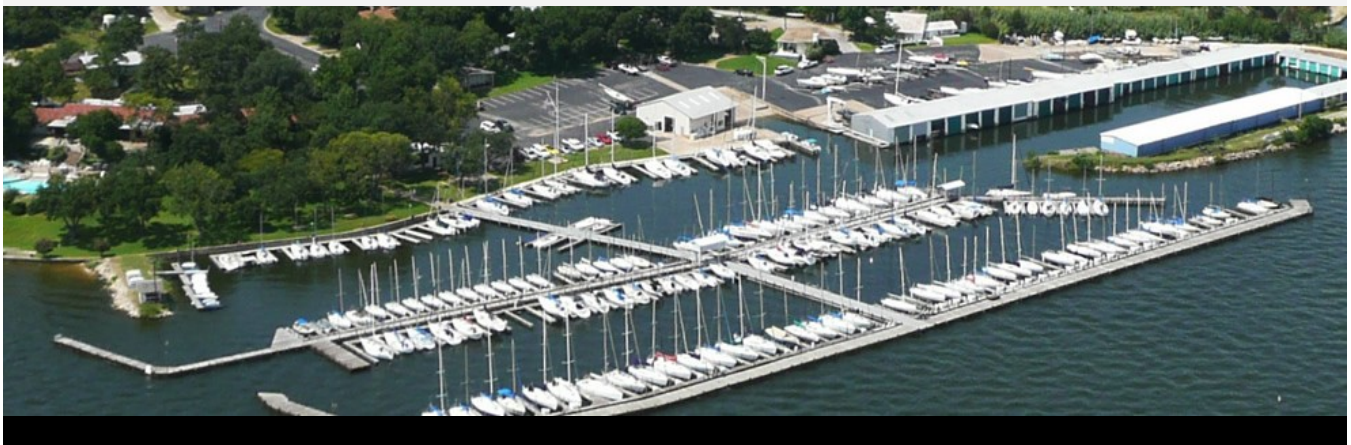


### About the program...

The Fort Worth Boat Club Adult Sailing Program provides sailing instruction for adults who are eager to learn how to sail or become more confident at the tiller.

Classes are taught by US Sailing Level 1 Certified instructors and are scheduled from March through October. A typical class will have 6-10 students and 2-3 instructors.

Most time will be on the water gaining valuable experience and fun. Classes are typically three Thursday nights and three Saturdays for a month.



## ...classes, dates, cost

### **Session 1**

March 9th, 11th, 16th, 18th, 22nd, & 24th

### **Session 2**

April 6th, 8th, 13th, 15th, 20th, & 22nd

### **Session 3**

May 4th, 6th, 11th, 13th, 18th, & 20th

### **Session 4**

June 1st, 3rd, 8th, 10th, 15th, & 17th

### **Session 5**

July 6th, 8th, 13th, 15th, 20th, & 22nd

### **Session 6**

September 7th, 9th, 14th, 16th, 21st, & 23rd

### **Session 7**

October 5th, 7th, 12th, 14th, 19th, & 21st

**Thursday Classes** 5pm– 8pm/ **Saturday Classes** 10am-2pm

**Pricing:** Member \$350/ Non-Member \$450

*\*In the event of inclement weather, a make up day will be announced.*



**Scott Lindley**

**Jr. Sailing Director**

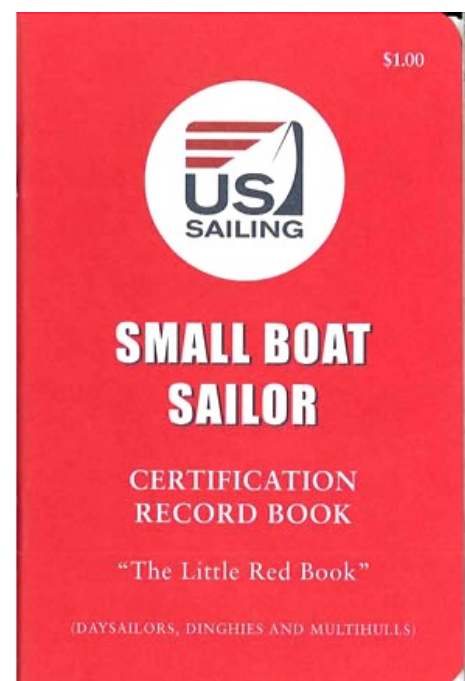
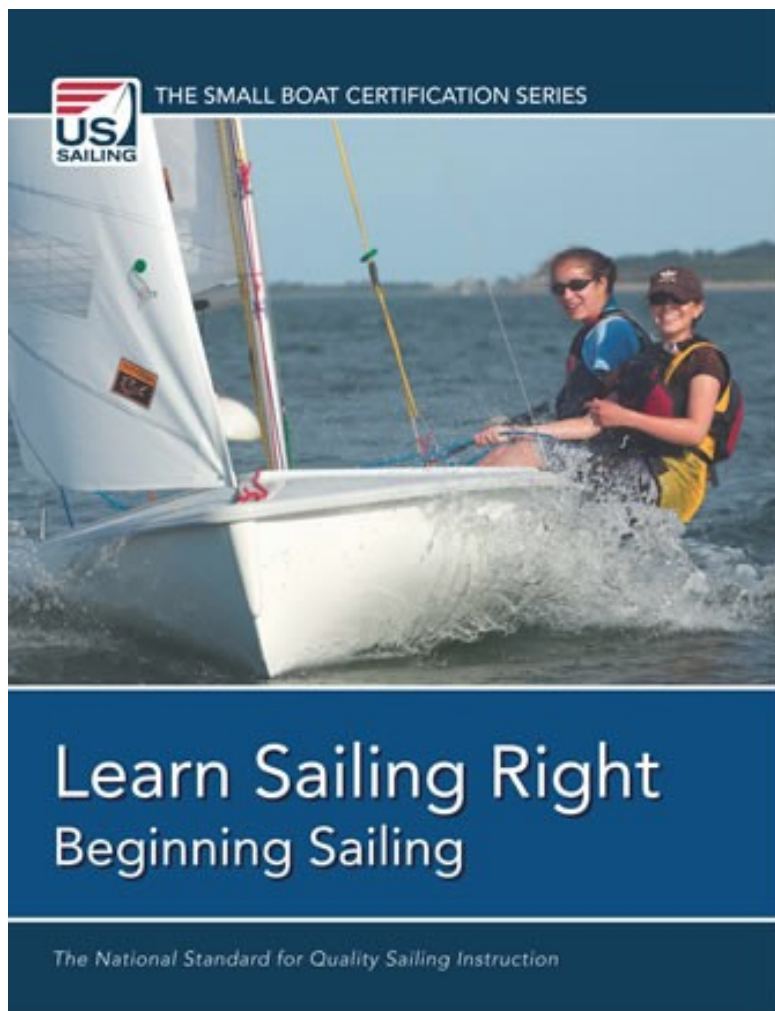
**Phone: 504-388-1556**

**scott@fwbc.com**



## ...what to bring to class

- Towel
- Sunblock
- Water Bottle
- Closed – Toed Shoes
- Hat and Polarized Sunglasses
- Life Jacket
- Text book provided by FWBC





## REGISTRATION

2017

*\*Registration form and liability waiver must be completed for each participant.*

Name (First & Last): \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Emergency Contact**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

Would you like to volunteer to help out our sailing programs in any way? \_\_\_\_\_

Does you have any medical conditions that may affect you while sailing?

\_\_\_\_\_

Do you know how to swim? \_\_\_\_\_

**Continued...**

*\*Check all that apply.*

<u>Session</u>	<u>Date</u>
_____ <b>Session 1</b>	March 9th, 11th, 16th, 18th, 22nd, & 24th
_____ <b>Session 2</b>	April 6th, 8th, 13th, 15th, 20th, & 22nd
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**Thursday Classes** 5pm– 8pm/ **Saturday Classes** 10am-2pm

**Pricing:** Member \$350/ Non-Member \$450

**Total Payment Enclosed:** \_\_\_\_\_

\_\_\_\_\_ **Club Charge #** \_\_\_\_\_

\_\_\_\_\_ **Check**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Participant Information, Authorization and Release

Personal information contained in this form is considered confidential and is used only to assist the FWBC staff in meeting the needs of the Participant by the FWBC. Fill out all sections completely (mark N/A if not applicable) and sign and initial where indicated. Contact the FWBC Office promptly if there are any changes in this information.

### Participant and Parent Information

Participant Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ Grade: \_\_\_\_  
 Parent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Contacts

The Parent named above will be contacted first in case of emergency, after 911. Please list others you would like the Club to contact in the event the named individual cannot be reached.

1)				
	Name	Relationship	Phone	Cell Phone
2)				
	Name	Relationship	Phone	Cell Phone

### Pick-Up Authorization and Information (if Minor)

Please list all individuals other than the named Parent who has permission to pick up the participant. Please indicate below if the participant has permission to leave the FWBC facilities by himself/herself.

1)				
	Name	Relationship	Phone	Cell Phone
2)				
	Name	Relationship	Phone	Cell Phone

The participant has permission to leave the FWBC facilities by himself/herself: \_\_\_\_\_  
 Please initial correct line:            YES            NO

### Other Information Concerning Participant

Is there any information concerning the participant that the FWBC staff should be aware of, such as allergies, medical or other needs, physical or mental conditions or impairments, etc? If so, please describe below, or state "NONE."

\_\_\_\_\_  
 \_\_\_\_\_

**I hereby acknowledge and agree that:**

**Medical Permission**

Each member of the FWBC staff has permission to administer first aid to the participant for injury or accident. A report of such aid will be given to the Emergency Contact person(s) listed above.

**Photographs/Video Permission**

The participant may be photographed (stills and video), individually or in a group. We hereby waive and relinquish all rights, title and interest in all such products, and authorize FWBC to make use of participant's image and likeness for marketing, membership information, and other FWBC uses.

**Confirmation, Release and Assumption of Risk Parent Acknowledgement (If Minor)**

1. I am familiar with the programs included in the activities, and understand officers and employees of the FWBC are available to discuss the activities if I should wish additional information.
2. I am solely responsible for the arrival and departure of my child at the beginning and end of each day's activities.
3. I will not allow my child to remain on the premises of the FWBC after each day's program without appropriate supervision or the written permission of the FWBC.
4. FWBC will have no responsibility for the supervision of my child at times other than during the scheduled activities.
5. My child may be removed from any and all activities if the persons in charge determine that acts and conduct are/is inconsistent with the spirit of good sportsmanship and respect for the rights of others, or might be a danger to my child or others.
6. My child is in good physical, mental and emotional health, and I know of no reason why he/she would be incapable of participating in the activities under the guidelines required.
7. My child knows how to swim.
8. I will immediately notify FWBC if a change in my child's physical, mental or emotional health or other condition would affect my child's ability to participate in the activities.

**Confirmation, Release and Assumption Acknowledgement**

1. I am familiar with the equipment I intend to use and understand the Sailing Director, and staff of the FWBC are available to answer questions if I should wish additional information.
2. I am solely responsible for damage resulting to any equipment that I may cause.
3. FWBC will have no responsibility for injuries or damage resulting to me or others because of my conduct, acts and/or omissions.
4. I may be removed from use of the equipment if the Sailing Director of FWBC staff determine that my acts and conduct are/is inconsistent with the spirit of good sportsmanship and respect for the rights of others, or might be a danger to myself or others.
6. I am in good physical, mental and emotional health, and I know of no reason why I would be incapable of using any of the equipment under the FWBC guidelines.
7. I am trained and am physically able to swim.
8. I will immediately notify FWBC if a change in my physical, mental or emotional health or other condition would affect my ability to safely use of the equipment.

**Fort Worth Boat Club Small Boat Check Out Policies, Procedures & Rules**

I have read, understood, and agree to comply with the separate page entitled, "Fort Worth Boat Club Small Boat Check Out Policies, Procedures, & Rules".

**WAIVER OF LIABILITY**

I WAIVE AND RELEASE ANY RIGHT I, MY GUARDIANS, LEGAL REPRESENTATIVES, ESTATE, HEIRS, BENEFICIARIES AND ASSIGNS MAY HAVE OR ACQUIRE TO MAKE A CLAIM AGAINST, SUE, OR PROSECUTE THE FWBC OR ANY OF ITS MEMBERS, DIRECTORS, GOVERNORS, OFFICERS, AGENTS, EMPLOYEES AND AFFILIATED ORGANIZATIONS (HEREIN REFERRED TO AS "THE RELEASEES") FOR DAMAGES OR INJURIES RESULTING TO ME, OR MY CHILD OR PROPERTY ARISING FROM USE OF THE EQUIPMENT OR PARTICIPATION IN, AND USE OF THE FACILITIES AND PROPERTY OF THE FWBC, WHETHER OR NOT THE INJURY OR DAMAGE RESULTS FROM NEGLIGENCE OR OTHER ACTION OR OMISSION, EXCEPT INTENTIONAL ACTS, OF ANY OF THE RELEASEES. [PLEASE INITIAL TO INDICATE YOUR AGREEMENT TO THIS PARAGRAPH. \_\_\_\_;\_\_\_\_]

**ASSUMPTION OF RISK OF PARENT FOR MINOR CHILD**

I am aware that the activities may involve maneuvering a boat, sailboard or other watercraft over/in deep water in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep waters and collision with other watercraft or stationary objects such as docks, pilings, and buoys. With knowledge of the dangers involved, I voluntarily ask that my child be allowed to take part in the activities. I ACCEPT ANY AND ALL RISKS TO MYSELF AND MY CHILD FOR INJURY, DEATH, AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF THE FWBC, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTION, EXCEPT INTENTIONAL ACTS, OF ANY OF THE RELEASEES.

[Please initial to indicate your agreement to this paragraph. \_\_\_\_;\_\_\_\_]

**ASSUMPTION OF RISK OF ADULT**

I am aware that the activities may involve maneuvering a boat, sailboard or other watercraft over/in deep water in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep waters and collision with other watercraft or stationary objects such as docks, pilings, and buoys. With knowledge of the dangers involved, I voluntarily ask that I be allowed to use the equipment and take part in the activities. I ACCEPT ANY AND ALL RISKS TO MYSELF FOR INJURY, DEATH, AND PROPERTY DAMAGE ARISING FROM USE OF THE EQUIPMENT AND/OR PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF THE FWBC, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTION OR OMISSION, EXCEPT INTENTIONAL ACTS, OF ANY OF THE RELEASEES.

[Please initial to indicate your agreement to this paragraph. \_\_\_\_;\_\_\_\_]

**INDEMNITY AGREEMENT**

I agree to indemnify and hold the releasees harmless from any loss, liability, damage or cost, including reasonable attorney's fees, they may incur due to my child's participation in the activities and use whether or not such loss, liability, damage or cost results from the negligence or other action, except intentional acts, of any of the releasees. [Please initial to indicate your agreement to this paragraph. \_\_\_\_;\_\_\_\_]



**Acknowledgement of Participation Information, Authorization & Release**

I agree that:

1. This document consists of 4 pages, plus the separate "Fort Worth Boat Club Small Boat Check Out Policies, Procedures, & Rules";
2. This document may remain on file with the FWBC, and will remain binding, valid, enforce for future equipment use and activities at the FWBC, unless revoked in writing and provided to the FWBC Office;
3. No person has suggested, directly, or indirectly, that any part of this document is a mere formality, unimportant, not enforced, or should not be taken seriously; and
4. This is a legal agreement that I am entering into with the Fort Worth Boat Club.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent (if under 18 yoa)

Date: \_\_\_\_\_