

APPLICATION FOR YOUTH MEMBERSHIP IN THE VENTURA YACHT CLUB

Sailor's Last Name: _____ First Name: _____

Birth date: _____ Age: _____ Sex: _____ Grade: _____

Parents' Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Cell2 _____ Email2 _____

Parents' Work Number _____ (Mother or Father)

Emergency Contact: Name _____ Phone _____

Relationship _____

I hereby apply for membership as a junior member in the Ventura Yacht Club and agree to abide by the Articles of Incorporation, By-Laws and other rules and regulations of the Ventura Yacht Club. I understand that my membership may be subject to any rate change in the annual dues, and also to any other assessments or charges that may be adopted in accordance with the provisions of the By-Laws of the Ventura Yacht Club.

The Juniors' Membership Year runs from June 1 – May 31. The annual membership includes ten Sunday Fundays between February and November. The annual membership fee does not include race team clinics, regattas, and/or charter fees are extra. Session membership is for two week summer programs only.

Junior member applicant hereby acknowledges that their failure to abide by the By-laws rules and/or the rules and regulations of the Ventura Yacht Club are grounds for the termination of the membership and that no portion of any fees and/or dues will be refunded if a membership is terminated by the Ventura Yacht Club or the junior

Independent Member: \$175

Child or Grandchild of VYC Member - \$150

Two-week session Membership: \$20 (in addition to camp fees)

Attached is the sum of \$_____ for: _____ Independent membership
_____ VYC family membership
_____ 2-week session membership

Parents Signature _____

Date _____

Child's Name _____

Yacht Club Ventura Yacht Club

VENTURA AREA YACHT CLUBS

JUNIOR ACTIVITIES

**PARENTS CONSENT AND WAIVER OF LIABILITY
ASSUMPTION OF RISK – INDEMNITY AGREEMENT**

THE UNDERSIGNED PARENTS OR LEGAL GUARDIANS (HEREAFTER REFERRED TO IN THE SINGULAR) OF (HEREIN REFERRED TO AS THE "CHILD"), REQUEST THAT THE CHILD BE ALLOWED TO PARTICIPATE AT ANY VENTURA AREA YACHT CLUB IN ANY JUNIOR ACTIVITY (HEREIN REFERRED TO AS "THE ACTIVITIES").

THIS AGREEMENT SHALL REMAIN IN EFFECT UNTIL VENTURA AREA YACHT CLUB JUNIOR COMMITTEE RECEIVES WRITTEN NOTICE OF THE CANCELLATION OF THE CONSENT OR UNTIL THE END OF THE ACTIVITIES DESCRIBED ABOVE.

IN RETURN FOR THE CHILD BEING PERMITTED TO TAKE PART IN THE ACTIVITIES AND TO USE THE FACILITIES AND PROPERTY OF ANY VENTURA AREA YACHT CLUB, EACH OF US MAKES THE FOLLOWING PROMISES AND WARRANTS THE TRUTH OF THE FOLLOWING FACTS:

I am familiar with the programs included in the activities, and I understand officers and employees of any Ventura area yacht club are available to discuss the activities if I should wish additional information. I also understand I am solely responsible for the arrival and departure of my child at the beginning and end of each day's activity. I will not allow my child to remain on the premises of any Ventura area yacht club after each day's program without appropriate supervision or the written permission of the yacht club. I agree Ventura area yacht clubs will have no responsibility for the supervision of my child at times other than during the scheduled activities. I will inform my child that he/she is expected to cooperate with, and follow the directions of, the persons in charge of the activities and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.

My child is in good health, and I know of no reason why he/she would be incapable of participating in the activities. My child knows how to swim. I will immediately notify the designated Ventura area yacht club supervisor if a change in my child's health or other condition would affect my child's ability to participate in the activities.

WAIVER OF LIABILITY: I waive and release any right I, my heirs, distributees, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of or prosecute any Ventura area yacht club or any of its members, directors, officers, agents, employees and affiliated organizations (herein referred to as "the releasees") for monetary damages caused by injury to my child or damage to the property of my child or myself arising from my child's participation in the activities and use of the facilities and property of any Ventura area yacht club, whether or not the injury or damage results from the negligence or other action, except intentional acts, of any of the releasees.

[Please initial to indicate you have read this paragraph. _____]

ASSUMPTION OF RISK: I am aware that the activities may involve maneuvering a boat, sailboard, or other watercraft on deep waters in potential 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 OF INJURY, DEATH AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF ANY VENTURA AREA YACHT CLUB, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTION, EXCEPT INTENTIONAL ACTS, OF ANY OF THE RELEASEES.

[Please initial to indicate you have read this paragraph. _____]

INDEMNITY AGREEMENT: I agree to indemnify and hold the releasees harmless from any loss, liability, damage or cost, including reasonable attorneys fees, that 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 you have read this paragraph. _____]

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES A WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASEES AND I SIGN IT OF MY OWN FREE WILL.

DATE _____ (PRINT NAME NEXT TO SIGNATURE) CONTACT PHONE # _____

CHILD'S SIGNATURE _____

PARENT'S SIGNATURE _____

PARENT'S SIGNATURE _____

HOLD HARMLESS

In allowing my child/children to participate in the Ventura Yacht Club Youth Sailing Program, I/we hereby absolve the Ventura Yacht Club from any responsibilities and hold them harmless for any damage or injury sustained or caused by said participation.

YOUTH MEMBER NAME: _____

SIGNATURE OF PARENT/GUARDIAN: _____

PRINTED NAME OF PARENT/GUARDIAN: _____

DATE: _____

Child's Name _____

Yacht Club _____ Ventura Yacht Club _____

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

The undersigned parent or guardian of a minor, does hereby consent to any emergency X-ray, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent nor any organization involved assumes any financial responsibility for exercising this action.

This authorization is given pursuant to the provisions of Sections 25.8 of the Civil Code of California.

Family Doctor _____ Phone _____

Persons to contact in emergency

1. _____ Phone _____

2. _____ Phone _____

Medical Problems _____

Known Allergies _____

Hospital Insurance plan name and number _____

THIS AUTHORIZATION SHALL REMAIN EFFECTIVE UNTIL REVOKED IN WRITING.

SIGNATURE (Parent or Legal Guardian) _____

Address _____

City _____ State _____ Zip _____

Mother's Phone (Hm) _____ (Wk) _____

Father's Phone (Hm) _____ (Wk) _____