

2020 MYC SAILING SCHOOL REGISTRATION FORM

STUDENT INFORMATION

Student's name		Gender	
School grade completed as of June 2020		Age	
Prior sailing experience?		Birthdate	
How did you hear about us?			
Address			
City		State	
home phone		Zip	
Do you wish to be paired with any other students? If so, write their names here: _____			
Father or Legal Gaurdian		Cell phone	
email address			
Mother or Legal Guardian		Cell phone	
email address			

EMERGENCY CONTACT INFORMATION

Emergency contact		Relationship	
Daytime or home phone		Cell phone	
email address			
Doctor/Clinic		Phone #	

YOUTH DAYTIME CLASSES

Race Camp & Instructor Training	June 15-18	<i>intermediate & experienced sailors</i>	<input type="checkbox"/>	\$100.00	\$
Learn to Sail Week 1	June 22-25		<input type="checkbox"/>	\$100.00	\$
Learn to Sail Week 2	June 29-July 2		<input type="checkbox"/>	\$100.00	\$
Learn to Sail Week 3	July 6-9		<input type="checkbox"/>	\$100.00	\$
Learn to Sail Week 4	July 13-15		<input type="checkbox"/>	\$100.00	\$
Learn to Sail Week 5	July 20-23		<input type="checkbox"/>	\$100.00	\$
Learn to Sail Week 6	July 27-30		<input type="checkbox"/>	\$100.00	\$
Learn to Sail Week 7	Aug 3-6		<input type="checkbox"/>	\$100.00	\$
Learn to Sail Week 8	Aug 10-13		<input type="checkbox"/>	\$100.00	\$
Experienced Sailor Season Pass	<i>Attend regular classes as often as you wish</i>		<input type="checkbox"/>	\$300.00	\$
Experienced Sailor Punch Pass 12	<i>Attend reg classes up to 12 times of your choice</i>		<input type="checkbox"/>	\$200.00	\$
Experienced Sailor Punch Pass 4	<i>Attend reg classes up to 4 times of your choice</i>		<input type="checkbox"/>	\$80.00	\$

MONDAY EVENING ADULT SAILING CLASSES

Monday evening classes will take place June 22-Aug 10

Two-session Orientation for first-time sailors	<input type="checkbox"/>	\$75.00	\$
Per session fee for returning and repeating sailors	<input type="checkbox"/>	\$25.00	\$

PAYMENT INFORMATION

Enter total cost here: _____ \$

Enter payment method here:

Personal check made out to Muskegon Yacht Club	<input type="checkbox"/>	
Charge to MYC Member charge account (enter account # at right)	<input type="checkbox"/>	
Pay with credit card (contact Sue Peters at 231-755-1414)	<input type="checkbox"/>	
** Payment made on-line via link on MYC Sailing School web site (www.mycsailingschool.org)	<input type="checkbox"/>	

SUBMIT REGISTRATION

Complete all information above
 Sign Liability Waiver, Treatment Form and Concussion Form below
 Submit all forms and payment to the address on the right
 ** If you pay on-line, please indicate student name and session dates in the web site message window

Sue Peters
Muskegon Yacht Club
3198 Edgewater Street
Muskegon MI 49441
sue@muskegonyachtclub.org
231-755-1414

Please check this box if you plan to use our free shuttle service to and from North Muskegon

**MYC Sailing School & Muskegon Junior Sailing Association
Liability Waiver and Emergency Treatment Authorization**

I/We the undersigned parent(s), or legal guardian of _____ (the child), a minor, hereby authorize the MYC Sailing School and its officers and agents to take whatever actions they believe are warranted under the circumstances for the health and safety of the child, including the placing of the child in the care of a hospital and/or any licensed doctor, dentist or other health care professional. I/We further hereby authorize and consent to any x-ray, examination, anesthetic, surgical or other medical diagnosis, treatment or care (in or out of the hospital) of the child rendered by a licensed medical doctor, dentist or other health care professional, at my/our cost and expense. It is understood that this authorization is given in advance of any such diagnosis, treatment or care that may be pro-vided to the child in order to give authority and power to render any such diagnosis, treatment or care which any such licensed doctor, dentist or other health care professional, in the exercise of his/her professional judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment or care may be provided to the child if the undersigned cannot be reached.

Initials _____

Release

The undersigned parent/guardian recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to induce the MYC Sailing School to accept his/her child into the MYC Sailing School, the undersigned parent/guardian covenants and agrees to hold harmless and indemnify the MYC Sailing School, the Muskegon Junior Sailing Association (MJSA), it's officers, directors, employees, and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to a person or damage to any property arising out of or in anywise connected with the operation of the MYC Sailing School or any activities on or the use of any facilities or equipment of the Muskegon Yacht Club, the MYC Sailing School or the Muskegon Junior Sailing Association.

Initials _____

Photographic Release

I hereby acknowledge that my child may be photographed while participating in MYC Sailing School activities and/or programs; I hereby unconditionally authorize MYC Sailing School or MJSA, at its sole discretion, to use any such photographs in brochures, flyers and any other advertising, promotional or educational materials.

Initials _____

Parent Agreement

I/We understand that I/we are responsible for our child's or grandchild's behavior and conduct while at the MYC Sailing School and will see to it that our child adheres to the program rules. I/We agree to assume the obligation for expenses of repair and/or replacement of program equipment that is **attributed to our child's reckless or irresponsible behavior** and the expense of medical care if our child is injured. I/We agree to make an appointment for a parent/instructor or director conference if requested.

Initials _____

X _____

Signature of Father, Mother or Guardian

Date

Medical Information

Please check any items that apply. Use the space below or the back of the form for any additional details.

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eyeglasses |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Diabetes/Hypoglycemia | |
| <input type="checkbox"/> Heart Condition | |
| <input type="checkbox"/> Blood Disorder | |
| <input type="checkbox"/> Learning Disability | |
| <input type="checkbox"/> Hearing Aids | |

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

▶ **"IT'S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON"**

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

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HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

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