



FIRST MATES REGISTRATION FORM

Your child must be 6 or 7 years old before the program starts and be able to tread water while wearing a life jacket (not supplied)

First Mate's Name _____	First Mate Goes By _____
Home Address _____	Date of Birth ____ / ____ / ____ (Birth certificate required)
_____	Home Phone (_____) _____

Parent/Guardian #1 Contact Information:	Parent/Guardian #2 Contact Information:
Name _____	Name _____
Contact Number (_____) _____	Contact Number (_____) _____
Email _____	Email _____

Temporary/Summer Housing Contact Information <small>(if different from parent/guardian #1 or #2)</small>	
Name _____	Name _____
Local Address _____	Contact Number (_____) _____
_____	Email _____

FIRST MATES PROGRAM FEES (Each Week Limited to 20)	
Week 1*: July 13th – July 17th	
<input type="checkbox"/> Member \$190	<input type="checkbox"/> Non-Member \$255 _____
Week 2*: July 27th – July 31st	
<input type="checkbox"/> Member \$190	<input type="checkbox"/> Non-Member \$255 _____
*Both weeks are the same program so please sign your child up for one week or the other	
<input type="checkbox"/> \$25 Discount before June 1 st	_____
Spaghetti Dinner Fundraiser: \$50	_____ \$50
Blue Hooded Sweatshirt (Optional): \$40 Each	_____
Amount Enclosed (Please make check payable to TRYC Junior Sailing)	_____
Check Number (One check can be used for multiple registrations)	_____
Refunds will be given at the discretion of the Board of Governors before the program begins. Once the program has started, there will be NO REFUNDS.	
T-Shirt Size (Free with registration):	
<input type="checkbox"/> Youth XS <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Med <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Med	
Sweatshirt Size(s):	
<input type="checkbox"/> Youth XS <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Med <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Med	
Parent/Guardian Signature _____	Date _____



FIRST MATES PARENTAL RELEASE FORM

First Mate's Name: _____

Emergency Contact: If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____ Phone: _____ Relationship: _____

Photo Release: I hereby give permission for the above-named First Mate to be photographed for publicity purposes.

Medical Release: I understand Junior Sailing and First Mates Programs include activities on water, vessels and nearby docks and grounds. I am cognizant of the inherent dangers, hazards and risks of sailing and water. I attest that the First Mate's health is adequate to participate safely in these programs. If a Parent/Guardian cannot be reached in case of an emergency, I hereby give permission to the Junior Sailing Program staff and/or any adult member or parent of the Junior Sailing Program to transport First Mate to or from a doctor and/or hospital for treatment. I authorize all hospital care and medical, surgical, and diagnostic procedures which may be performed or prescribed for First Mate by a licensed physician or hospital, when efforts to contact me are unsuccessful, and when deemed immediately necessary or advisable by the physician to safeguard First Mate. I waive my right of informed consent to such treatment.

PLEASE LIST ANY ALLERGIES OR IMPORTANT MEDICAL INFORMATION:

Release of Liability: I agree to defend, indemnify, and hold harmless the Toms River Yacht Club and its officers, operators, agents and employees and volunteers (individually and collectively, the "Indemnified Parties") against any and all claims, damages, fees, expenses and costs, including attorney's fees, which may be made against, incurred by, or imposed upon the Indemnified Parties arising from or in connection with the Junior Sailing and First Mates Programs, except to the extent such claim, liability, or cost is the result of the Indemnified Parties' gross negligence or willful misconduct.

This release is to be interpreted and enforced under New Jersey law. I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my voluntary act.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS AGREEMENT BY READING IT BEFORE I SIGNED IT.

Parent/Guardian Signature _____

Date _____