

**Cooper River Yacht Club Student Registration Form:**

**Class:** \_\_\_\_\_

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

**Applicant:**

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

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

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

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

**Parent or Guardian:** (complete if applicant is a minor)

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

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

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

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

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

**Emergency Contact: Name:** \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Course Information concerning Applicant:

Swimming Ability (50 yards any stroke): (Satisfactory/Unsatisfactory): \_\_\_\_\_

Available for all sailing lessons: (Yes/No): \_\_\_\_\_

Previous Sailing Experience: \_\_\_\_\_

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

I assume full responsibility for any loss or damage, excepting loss or damage covered by insurance, that may come to any person, boat, sailboard, equipment, pier, float, or other property used in conjunction with this course as the result of improper use, negligence or violation of rules and course practices.

Further, I accept that the sport of sailing and the conduct of this course entail and are subject to certain inherent risks, and I assume all risks on land and on water of participation in this program. I further agree to hold the sailing program, Cooper River Yacht Club, Club Officers, members, instructional personnel, US Sailing and their representatives harmless for personal injuries and/or property damage.

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

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_