

**The San Francisco Yacht Club/  
DU Sailing Club  
Registration Form  
2007/2008**

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

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

Year in School \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Driver/Crew (circle one) Don't Know! (circle here) Sailing Experience: \_\_\_\_\_

Last class finishing time- Mon: \_\_\_\_\_ Tue: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_

Do you have a car for your own use? Yes/No

Are you willing to drive other students to practice or regattas? Yes/No

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

(Please check all that apply)

Fall Semester: \$470

Spring Semester: \$470

Please find check enclosed

Please charge my Visa/MasterCard # \_\_\_\_\_ exp. \_\_\_\_\_

The San Francisco Yacht Club, Youth Sailing Program  
P.O. Box 379, Belvedere, CA, 94920  
415-435-9525 \* Fax 435-4794  
[www.sfycraceteam.com](http://www.sfycraceteam.com)

**The San Francisco Yacht Club/  
DU Sailing Club  
Emergency Release Form  
2007-2008**

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Contact E-mail: \_\_\_\_\_ (print clearly!!)

Please list all Known Allergies: \_\_\_\_\_

Do you carry an epi-pen? Yes/No

Do you Have Asthma? Yes/No If yes, do you carry an inhaler? Yes/No

Please List any known condition(s) which may preclude the above named from participating in sailing:

\_\_\_\_\_

Please list any known conditions which may require consideration in the event of an emergency:

\_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

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

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group#: \_\_\_\_\_ Social Security # (optional): \_\_\_\_\_

Is there anything else we should know? \_\_\_\_\_

Waiver: In consideration of my participating in the San Francisco Yacht Club Sailing program, I agree to accept risks of injury to me, to hold The San Francisco Yacht Club, its Officers, Directors, employees and members harmless from any claims of any nature whatsoever, arising out of the activities of the High School Sailing Program.

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

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