

Sail Share Member Form & Waiver

Please Print Clearly

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: [Cell] _____ [Other] _____

Email: _____

Date of Birth (YYYY-MM-DD): _____

PROGRAM ENROLLED IN (please circle):

Club: NSC BYC

Sail Share: Big Boat Small Boats

Sail Share Level: Level 1 Level 2 Level 3

Sail Share Qualification: Skipper Partner

EMERGENCY CONTACT

Name: _____ Relation: _____

Phone: [Cell] _____ [Other] _____

Are there any medical problems/conditions we should be aware of?:

If yes, please elaborate: _____

Do you experience anaphylactic reactions?

If yes, please elaborate: _____

Swimming ability: STRONG AVERAGE WEAK

Please note: The information provided is confidential.

Security/Damage Deposit:

Amount : \$1000.00 - to be held by the Advantage Boating but not cashed

Cheque VISA MasterCard

Number: _____

Expire Date: _____ Security Code: _____

Registration (OFFICE USE ONLY):

A) SKIPPER PRIMARY B) PARTNER with: _____ C) CREW

LEVEL:

Date Joined Sail Share: _____ BYC NSC

Date of: Basic Cruising Course: _____ Flotilla: _____

Intermediate Course: _____ VHF: _____

Orientation Session (OFFICE USE ONLY):

Crew Date: _____ Instructor: _____

Skipper Date: _____ Instructor: _____

Spinnaker Date: _____ Instructor: _____

Racing Date: _____ Instructor: _____

Big Boat Date: _____ Instructor: _____

Member Payment:

Year _____ Total owed: _____ Deposit paid _____ Date _____
Balance Paid: _____ Date: _____

Year _____ Total owed: _____ Deposit paid _____ Date _____
Balance Paid: _____ Date: _____

Year _____ Total owed: _____ Deposit paid _____ Date _____
Balance Paid: _____ Date: _____

Year _____ Total owed: _____ Deposit paid _____ Date _____
Balance Paid: _____ Date: _____

Year _____ Total owed: _____ Deposit paid _____ Date _____
Balance Paid: _____ Date: _____



Sail Share Member Acknowledgement & Waiver

This must be signed by all members of the Sail Share program
and must be accompanied by a completed safety form!!

ACKNOWLEDGEMENT

I hereby acknowledge receipt of the Sail Share information package provided by Advantage Boating Inc. and agree to abide by the terms and conditions for participation in the Sail Share set out therein.

Initial here _____

I understand and agree that Advantage Boating Inc. reserves the right at its sole discretion to discontinue my participation in the Sail Share and to retain the fees paid by me should I breach any of the terms and conditions respecting my participation in the Sail Share.

Initial here _____

WAIVER

I, _____ (*print full name*), recognize that sailing can be a dangerous sport and assume all risk of injury, loss or damage to my person and/or property while upon the property or vessels owned, leased and/or under the care and control of Advantage Boating Inc., Nepean Sailing Club or Britannia Yacht Club, their servants and/or agents.

Furthermore, I relinquish any and all claims against Advantage Boating Inc., Nepean Sailing Club or Britannia Yacht Club, their servants and/or agents for any injury, loss or damage to my person and/or property while upon the property or vessels owned, leased and/or under the care and control of Advantage Boating Inc., Nepean Sailing Club or Britannia Yacht Club, their servants or agents. I assume all responsibility for any injury, loss or damage to any other person or their property under my authority/supervision who is not a member of the Sail Share while on the property or vessels owned, leased and/or under the care and control of Advantage Boating Inc., Nepean Sailing Club or Britannia Yacht Club, their servants and/or agents.

Signature

Date



Athlete/ Participant Concussion Code of Conduct

In recognition of the potential seriousness of a concussion, I, _____, commit to following the concussion related protocols and expectations as highlighted below:

- Be open, honest and forthcoming in regards to any situation I have been involved in, within sailing or outside of sailing, where a concussion has been suspected or confirmed.
- Be open, honest and forthcoming in regards to any signs and symptoms related to a concussion that I may be experiencing.
- Respect the roles and responsibilities of coaches in Removal from Sport protocol.
- Should I be diagnosed with a concussion, in sailing or other activities, I agree to follow the Return to Sailing Protocol laid out by Ontario Sailing in conjunction with advice from my medical professional(s).

I understand that failure to comply with any of the above may result in actions being pursued, such as, but not limited to:

1. Termination of my participation in any given activity.
2. Removal of my right to participate in future related activities.
3. I may be subjected to further discipline by Ontario Sailing, Sail Canada and/or Advantage Boating.

Signature

Date

For individuals under 18,

As parent/guardian of the above participant under 18 years of age:

I, _____, have read and understand Ontario Sailing's Concussion Code of Conduct and agree to ensure my child follows the above code and to actively support my child through appropriate concussion protocols if the situation does arise.

Signature

Date