



2024 JUNIOR SAILING REGISTRATION FORM OPTIMIST DEVELOPMENT TEAM

Your child must be 8-18 years in the calendar year and have access to his/her own boat

Sailor's Name _____	Sailor 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 (if different from parent/guardian #1 or #2)	
Name _____	Name _____
Local Address _____	Contact Number (_____) _____
_____	Email _____

JUNIOR SAILING PROGRAM FEES

Sail Number: _____

Sailor's Skill Level (Check one):

Beginner Intermediate Advance

Number of Years Sailing: _____

Sailor's Interest:

Recreation Racing

8 Week program: June 24th – August 15th

Member \$1,700 Non-Member \$2,500

Dry Storage:

Please complete the 2024 Jr Sailing Storage Agreement (separate link button on website)

Spaghetti Dinner Fundraiser: \$50

_____ \$50

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):

Youth XS Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Sweatshirt Size(s):

Youth XS Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Parent/Guardian Signature _____

Date _____



JUNIOR SAILING PARENTAL RELEASE FORM

Sailor'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 sailor 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 sailor'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 sailor 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 sailor 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 sailor. 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 _____