



Corpus Christi Yacht Club
 98 Coopers Alley
 Corpus Christi, TX
 78401-2899
 Phone: (361) 883-6518
 Fax: (361) 883-3121

**Adult Application - Sailing School
 Registration 2010**

Name _____ Sailing Experience _____

Address _____ Emergency contact _____

City _____ Emergency phone _____

Zip Code _____ Health Insurance _____

Home Phone _____ Mobile Phone _____

Work Phone _____ email _____

Medical/Health information CCYC staff should be aware of: _____

In the case of a medical emergency the emergency contact will be called and the student will be directed to the nearest hospital.

Course Registration - Please Circle Desired Course			Fees:
Adult Evening Programs – 5:00pm-8:00pm			Program \$ 323.33
Keel Boats	Once a Week for 6 Weeks		Tax – 8.25% \$ 26.67
Start Week Of:	Every Monday	Every Friday	Total \$ 350.00
Jan. 25, 2010	AM1	AF1	Note: The applicant will not be registered unless the application and waiver are signed and completed, including payment in full.
March 8, 2010	AM2	AF2	
April 19, 2010	AM3	AF3	
July 5, 2010	AM4	AF4	
Aug 30, 2010	AM5	AF5	
Nov 8, 2010	AM6	AF6	
Adult Day Programs – 9:00am – 2:00pm			CCYC reserves the right to cancel courses due to insufficient participation Lessons Missed by the student are defaulted, land lessons are planned for inclement weather.
Keel Boats	Monday To Friday	With sufficient participation and availability, lessons outside this schedule are possible. Contact the Sailing Director for information: 361-446-3650 or michael@vorbecksailing.com	
May 10, 2010	AD1		
May 17, 2010	AD2		
Aug 30, 2010	AD3		
Sept 6, 2010	AD4		
Private Lessons: \$120.00 for 3 hours			

Participant Indemnity Waiver

I, _____ understand and acknowledge that in consideration for accepting the applicant as a student in the Sailing School, the Corpus Christi Yacht Club (CCYC) and the CCYC Sailing School (CCYCSS) will have the right to terminate the student's sailing course without refund should the student fail to comply with the safety rules and rules of conduct which, from time to time, will be set by the Sailing School staff and the Director. Further, I understand that it is a condition of participation in the CCYCSS that I do so at my own risk. Therefore, in consideration of acceptance my application and my being permitted to take part in the program, I agree to save harmless and keep indemnified the CCYC, the CCYCSS and their respective agents, officials, servants and representatives from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, howsoever caused arising out of or in connection with my taking part in the CCYCSS programs, notwithstanding that the same may have been contributed to or caused by or occasioned by the negligence of the same bodies, or any of them, or their agents, officials, servants or representatives. I further understand and agree that this RELEASE is binding upon myself, my heirs, executors and assigns. I agree that core contact information be shared with Texas Sailing, the US Sailing and governments that require statistical information for funding purposes. CCYC, Texas Sailing or US Sailing will not sell, lease, rent or use this contact information for any commercial purposes.

Name: _____ Signature: _____ Date: _____