

Sail Camp 2024

Camp Description

Mini and Basic Camps include instruction on Capri 14s, CFJs, and Lasers with experienced junior counselors on board. Campers learn the following skills: basic safety, parts of boat, rigging, man overboard recovery, capsizing recovery, docking, trimming sails, sailing a steady course, and steering.

Camp Hours

Mini Camp Ages 8-10, 9:00-1:00 daily.

Basic Camp Ages 10-16, 9:00-4:00 daily.

Registration Fees

Please Note: LYSA Sail Camp is implementing a flat rate for all junior sailors this year. Member discounts will no longer apply.

Mini Camp: \$140.00

Basic/ Advanced Camp: \$195.00

Multiple siblings and /or multiple week sign-ups will receive a 15% discount off the total price of camp. Please send a check or money for the full amount, with the applicable discount, enclosed with your registration form. Make checks payable to LYSA Junior Sailing.

- Ask us about our scholarship program.

Registration

Please Note: To streamline the registration process, LYSA Junior Sail Camp will now require a full, non-refundable payment with registration.

We do not guarantee openings. Registration is on a first-come, first-serve basis. Contact Brigitte to verify your week is still open before sending in your registration. She can be reached at (209) 617-0284.

Please fill out the registration information on pages 2-5 below and send it, with a check or money order, to:

Brigitte Bowers/ Sail Camp
1178 Carolina Dr.
Merced CA 95340

Note: LYSA will not accept emailed registrations.

Registration Information

Child's Name: _____

Child's Age: _____ (Must be at least 8 yrs. old by week of camp)

Parent/Guardian Name & Phone _____

Address: _____

Mini Campers must be picked up by 1:15. Please initial: _____

All other campers must be picked up by 4:15. Please initial: _____

My child can pass a basic swim test. Please initial: _____

Choose Your Session(s)

Important: Please circle the session(s) your child will attend.

Session 1
June 24- June 28

Session 2
July 8-12

Session 3
July 15-19

Session 4
July 22-26

Sail Camp Release from Liability & Hold Harmless 2024

CONSENT TO PARTICIPATE

Please read this Agreement and initial each provision in the space provided to indicate that you have read and fully understand it. Then sign and date this form. If you have any questions about this agreement, please make sure that you ask those questions and receive answers satisfactory to you before signing this Agreement.

I, _____, am voluntarily enrolling my child, _____ to participate in the Lake Yosemite Sailing Association (LYSA) Youth Sailing Program, specifically SAIL CAMP. I understand that there are certain risks associated with sailing, and that serious accidents may occur during sailing. I understand that participants in sailing occasionally sustain serious or mortal personal injuries and/or property damage. I am fully informed to my satisfaction about LYSA Youth Sailing Program and the risks inherent in that program. The risks of injury associated with sailing have been explained and answered to my satisfaction. I knowingly and willingly choose to participate in the LYSA Youth Sailing Program at this time. _____

ASSUMPTION OF RISK, RELEASE, AND HOLD HARMLESS AGREEMENT

As stated above, I am fully aware that participating in any LYSA Youth Sailing Program may involve risks of physical injury and/or property damage. I know and understand the scope, nature and extent of the risks involved in this activity. I voluntarily and freely choose to assume any and all risks and dangers on behalf of my child. _____

RELEASE OF LYSA AND EXEMPTION FROM LIABILITY

I hereby fully and forever discharge and release the Lake Yosemite Sailing Association, its officers, directors, employees, agents, representatives, volunteers, staff, students, members, successors or assigns (hereinafter collectively referred to as LYSA) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of any damages, both in law and equity, in any way resulting from personal, physical, emotional or property injuries, distress or death sustained during LYSA Sail Camp or any of its associated activities. Exemption from liability by this provision includes any and all loss, damage or injury resulting from intentional conduct or omission or negligence, gross or otherwise, by LYSA or from any other cause or causes. _____

PROMISE NOT TO SUE

As stated above, I agree not to institute, initiate, or assist the prosecution of any suit, claim or action, whether at law or equity or otherwise, against LYSA for damages which I or my heirs, executors, administrators or assigns hereafter may have arising from my child’s participation in any LYSA Sail Camp program or any of its associated activities.

INDEMNITY AGREEMENT

I agree to indemnify and hold harmless LYSA from any and all losses, claims, actions or proceeding of any kind which may be directed against or be initiated by me, my child and/or any other person or organization on behalf of myself or my child. This includes reimbursement of all legal costs and reasonable counsel fees incurred by LYSA or other indemnified parties as set forth in this Agreement for the defense of any such actions which may arise directly or indirectly from my child’s participation in any LYSA Sail Camp program. _____

RELEASE OF PUBLICITY PHOTOGRAPHS

I understand that LYSA may take photographs, either still or moving, of Sail Camp and its students and activities. I hereby release any claim to such pictures. _____

GOVERNING LAW

I understand that this Agreement shall be construed and governed by the laws of the State of California, and that it cannot be modified unless in writing and signed by both parties. I hereby expressly recognize that this Agreement is a contract and that I have released any and all claims against LYSA as defined above and any other indemnified parties which might result from my child’s participation in any LYSA Sail Camp program, including all claims as set forth above. _____

I HAVE CAREFULLY READ THIS AGREEMENT AND ASKED ANY QUESTIONS I HAD, ALL OF WHICH WERE ANSWERED TO MY SATISFACTION. I UNDERSTAND THE CONTENTS OF THIS AGREEMENT. I CERTIFY THAT I AM EIGHTEEN YEARS OF AGE OR OLDER, AND THAT I SIGN THIS AGREEMENT ON BEHALF OF MY CHILD AND MYSELF OF MY OWN FREE WILL.

Date _____ Signature _____

Print name _____

MEDICAL INFORMATION

Physical challenges

Specify below:

Chronic conditions

Please explain as needed.

Asthma or other respiratory problems:

Circulatory or heart problems:

Diabetes or hypoglycemia:

Epilepsy:

Hemophilia or other bleeding problems:

Allergies:

Other (if significant):

Current medication:

Physician

Name: _____ Phone: _____

Health Insurance

Name of Insurer: _____

Swimming Ability _____

Please describe below anything else which you feel LYSA should know about your child’s health while he/she participates in sail camp:

Note: Program organizers reserve the right to reasonably decide whether they will accept students or participants with certain medical, psychological, or behavioral challenges which are disclosed either here or verbally. However, LYSA makes no medical judgments about any particular risk to a particular participant and LYSA’s acceptance of this agreement does not invalidate the participants’ waiver, consent or release.

Emergency Contact Information

Parents/ Guardians

1 _____	_____	_____
Name	Relationship	Phone

2 _____	_____	_____
Name	Relationship	Phone

Emergency Treatment Authorization

I, _____ (Parent/Guardian) authorize the program organizers or their employees/volunteers to sanction emergency treatment if none of the above named can be contacted at the time of an emergency.

Parent

Date