



**St. Joseph Junior Foundation**  
**with Paw Paw Lake Yacht Club**  
**Youth Registration for Paw Paw Lake Location - 2017**



**Registration**

- **Full payment** (check or money order) to secure registration
- **Application and waivers** must be completed and signed
- **Mail to:**

St. Joseph Junior Foundation  
P.O. Box 585  
St. Joseph, MI 49085

**Refunds and Prorating**

- **Full refund** if registration is cancelled 7 days prior to the start of the class
- **50% refund** if registration is cancelled within 7 days of the start of the class
- **No refund** after start of the class
- **Prorating of classes is not allowed**

**Parent/Guardian Information**

**Parent/Guardian Name\***

First  Last

**Parent/Guardian Address\***

Street Address Line 1   
Street Address Line 2   
City  State  Zip Code

**Parent/Guardian Email\***

**Parent/Guardian Telephone\***

-  -  Additional Telephone  -  -

**Sailor Information**

**Sailor Name\***

First  Last

**Sailor Date of Birth\***

(Age 8 and up)     
MM DD YYYY

**Sailor Gender\***

Male  Female

**Sailor Email**

**Sailor Telephone**

-  -

**Sailor Medical Information**

**Primary Care Physician**

**Physician Telephone**

-  -

**Check all that apply\***

- |  |  |
|--|--|
| Eyeglasses <input type="checkbox"/>            | Heart condition <input type="checkbox"/>       |
| Hearing aids <input type="checkbox"/>          | Blood disorder <input type="checkbox"/>        |
| Asthma <input type="checkbox"/>                | Allergies <input type="checkbox"/>             |
| Learning disabilities <input type="checkbox"/> | Diabetes/hypoglycemia <input type="checkbox"/> |
| Epilepsy <input type="checkbox"/>              |  |

**Additional Medical Information**

**Additional Emergency Contact (if needed)**

First  Last

Relationship to Sailor

**Additional Emergency Contact Telephone**

-  -

**Additional Telephone**

-  -

\*Required information



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**Sailor Name**    First     Last

**Sailing Class Location:**  
**Paw Paw Lake Yacht Club**  
 5097 Shoreview Drive  
 Coloma, MI 49038

**Registration and payment – make checks payable to the St. Joseph Junior Foundation and send to:**  
**St. Joseph Junior Foundation**  
 PO Box 585  
 St. Joseph, MI 49085

**1 Week Sessions at Paw Paw Lake.**

The program is based on the US Sailing training system. Students always wear life jackets. Instructors, either in the student’s boat or on a safety boat, accompany the students. Students must be able to demonstrate the ability to swim. Instructors are experienced sailors and US Sailing trained. All skill levels are welcome to enroll: beginner, advanced beginner, intermediate, or advanced.

Class Code	Session / Weeks		Days of Week	Time of Day	Cost	Cost
					By July 1	After July 1
1 WK – PPL A	A	July 10 - 14	M, T, W, Th, F	9:00 AM – Noon	<input type="checkbox"/> \$140	<input type="checkbox"/> \$165
1 WK – PPL B	B	July 17 - 21	M, T, W, Th, F	9:00 AM – Noon	<input type="checkbox"/> \$140	<input type="checkbox"/> \$165
Additional Donation or Scholarship:						
<b>Total Cost:</b>						

**Additional Information – Please check the appropriate skill level and T-shirt size**

<b>Sailor Skill Level:</b>	<input type="checkbox"/> Beginner	<input type="checkbox"/> Advanced Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
<b>T-Shirt Size:</b>	<input type="checkbox"/> Youth-Small <input type="checkbox"/> Adult-Small	<input type="checkbox"/> Youth-Medium <input type="checkbox"/> Adult-Medium	<input type="checkbox"/> Youth-Large <input type="checkbox"/> Adult-Large	<input type="checkbox"/> Adult-XL

**CONSENT & WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

The undersigned requests that the below identified Participant be allowed to participate in the activities of the St. Joseph Junior Foundation, Inc.

This consent shall remain in effect until the Foundation receives written notice of the cancellation of the consent, or until the end of the activities described below. In return for the Participant being permitted to take part in the activities and to use the facilities, equipment and property of the Foundation, I make the following promises and warrant the truth of the following facts:

1. I am familiar with the programs included in the activities, and I understand officers and employees of the Foundation are available to discuss the activities should I wish additional information. I also understand I am solely responsible for the arrival and departure of the Participant at the beginning and end of each day’s program. The Participant shall not remain on the premises of the Foundation after each day’s program without appropriate supervision or the written permission of the Foundation. I agree that the Foundation will have no responsibility for the supervision of the Participant at times other than during the scheduled activities. The Participant shall be informed that he/she is expected to cooperate with and follow the directions of the person in charge of the activities, and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.

2. The Participant is in good health, and I know of no reason why he/she would be incapable of participating in the activities of the Foundation. The Participant knows how to swim. I will immediately notify the Foundation if a change in the Participant’s health or other condition would affect the Participant’s ability to participate in the activities.

3. I waive and release any right that I, my heirs, distributees, legal representatives and assigns (hereafter referred to as “Releasees”) may have or acquire to make a claim against, sue, attach the property of, or prosecute the Foundation, or any of its members, volunteers, directors, officers, agents, employees and affiliated organizations, for monetary damages caused by injury to the Student or damage to the property of the Participant or myself arising from the Participant’s participation in the activities and the use of the facilities, equipment and property of the Foundation, whether or not the injury or damage results from the negligence or other action, except intentional acts, of any of the Releasees.

4. I am aware that the activities may involve maneuvering a boat, sailboard or other watercraft and equipment on deep waters in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep waters and collision with other watercraft or stationary objects such as docks, pilings and buoys during races, regattas and practices and other sailing activities. With knowledge of the dangers involved, I voluntarily request that the Participant be allowed to take part in the activities.

I accept any and all risks to myself and the Participant of injury, death and property damage arising from participation in the activities and use of the facilities, equipment and property of the Foundation, whether or not caused by the negligence or other action, except intentional acts, of any of the Releasees.

5. I agree to indemnify and hold the Releasees harmless from any loss, liability, damage or cost, including reasonable attorney fees, they may incur due to the Participant’s participation in the activities and use of the property, equipment and facilities of the Foundation, whether or not such loss, liability, damage or cost results from the negligence or other action, except intentional acts, of the Releasees.

**PHOTOGRAPHIC CONSENT**

I HEREBY AUTHORIZETHE St. Joseph Junior Foundation to publish photographs taken of me and/or the undersigned minor children, and our names, for use in the St. Joseph Junior Foundation’s printed publications and website.

I HAVE CAREFULLY READ THIS CONSENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE CONSENT INCLUDES A WAIVER OF LIABILITY, AN ASSUMPTION OF RISK AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASEES, AND I SIGN SAME OF MY OWN FREE WILL.

\_\_\_\_\_  
Sailor Name (Printed)

\_\_\_\_\_  
Sailor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (for minors)