Page 1 of 3



St. Joseph Junior Foundation

Youth Registration for St. Joseph Location - 20177 Lighthouse Lane, St. Joseph

Mail address: PO Box 585, St. Joseph, MI 49085

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

D :/0 !:		
Parent/Guardian Inform		
Parent/Guardian Name*		
First	Last	
Parent/Guardian Addres	ss*	
Street Address Line 1		
Street Address Line 1		
City	State Zip Code	
Parent/Guardian Email*	•	
Parent/Guardian Telepho	none* Additional Telephone	
•		
Sailor Information		
Sailor Name*		
First	Last	
Sailor Date of Birth*		
(Age 8 and up)		
	MM DD YYYY	
	Male Female	
Sailor Gender* N Sailor Email		
Sailor Email	Male Female Sailor Telephone	
	Male Female Sailor Telephone	
Sailor Email Sailor Medical Information	Male Female Sailor Telephone	
Sailor Email Sailor Medical Information Primary Care Physician	Sailor Telephone Physician Telephone	
Sailor Email Sailor Medical Information	Male Female Sailor Telephone	
Sailor Email Sailor Medical Information Primary Care Physician Check all that apply*	Sailor Telephone Physician Telephone	
Sailor Email Sailor Medical Information Primary Care Physician Check all that apply* Eyeglasses	Sailor Telephone ion Physician Telephone Additional Medical Information	
Sailor Email Sailor Medical Information Primary Care Physician Check all that apply* Eyeglasses Hearing aids	Sailor Telephone Physician Telephone Additional Medical Information Heart condition	
Sailor Email Sailor Medical Information Primary Care Physician Check all that apply* Eyeglasses Hearing aids Asthma	Sailor Telephone Soilor Telephone Additional Medical Information Heart condition Blood disorder Allergies Allergies	
Sailor Email Sailor Medical Information Primary Care Physician Check all that apply* Eyeglasses Hearing aids Asthma Learning disabilities	Sailor Telephone	
Sailor Email Sailor Medical Information Primary Care Physician Check all that apply* Eyeglasses Hearing aids Asthma Learning disabilities	Sailor Telephone Soilor Telephone Additional Medical Information Heart condition Blood disorder Allergies Allergies	
Sailor Email Sailor Medical Information Primary Care Physician Check all that apply* Eyeglasses Hearing aids Asthma Learning disabilities Epilepsy	Sailor Telephone ion Physician Telephone Additional Medical Information Heart condition Blood disorder Allergies Diabetes/hypoglycemia Diabetes/hypoglycemia	
Sailor Email Sailor Medical Information Primary Care Physician Check all that apply* Eyeglasses Hearing aids Asthma Learning disabilities Epilepsy Additional Emergency Commonstrates	Sailor Telephone ion Physician Telephone - Additional Medical Information Heart condition Blood disorder Allergies Diabetes/hypoglycemia Ontact (if needed)	
Sailor Email Sailor Medical Information Primary Care Physician Check all that apply* Eyeglasses Hearing aids Asthma Learning disabilities Epilepsy Additional Emergency Con	Sailor Telephone ion Physician Telephone Additional Medical Information Heart condition Blood disorder Allergies Diabetes/hypoglycemia Diabetes/hypoglycemia	
Sailor Email Sailor Medical Information Primary Care Physician Check all that apply* Eyeglasses Hearing aids Asthma Learning disabilities Epilepsy Additional Emergency Commonstrates	Sailor Telephone ion Physician Telephone Additional Medical Information Heart condition Blood disorder Allergies Diabetes/hypoglycemia Diabetes/hypoglycemia Last Last	

*Required information



St. Joseph Junior Foundation

Youth Registration for St. Joseph Location - 2017 *7 Lighthouse Lane, St. Joseph*

Mail address: PO Box 585, St. Joseph, MI 49085

Sailor Name First				Last			
3 Week Sessions. All skill levels are welcome to enroll: beginner, advanced beginner or intermediate. First day of							
class includes a swim screening; please wear a swim suit and bring a towel. Includes optional "Fun Fridays" 9 AM-noon							
on June 16, 23, July 21, August 11, 18.							
Class Code	Sessi	sion / Weeks Days of Week Time of Day				Cost	Cost
2 1444 - CL 4 1 414 (4 1 4 1	1	1 42	Maria de la Cons	to do codo o	0.00 ANA Name	by June 1	after June 1
3 WK – SJ 1 MW (AM)	1	June 12	Mondays & W		9:00 AM – Noon	□ \$195	\$220
3 WK – SJ 1 TTH (AM)		to	Tuesdays & Th		9:00 AM – Noon	□ \$195	\$220
3 WK – SJ 1 TTH (PM)	2	June 30	Tuesdays & Th		1:00 – 4:00 PM	\$195	\$220
3 WK – SJ 2 MW (AM)	2	July 10	Mondays & W	•	9:00 AM – Noon	\$195	\$220
3 WK – SJ 2 TTH (AM)		To	Tuesdays & Th		9:00 AM – Noon	\$195	\$220
3 WK – SJ 2 TTH (PM)		July 28	Tuesdays & Th		1:00 – 4:00 PM	\$195	\$220
3 WK – SJ 3 MW (AM)	3	July 31	Mondays & W	•	9:00 AM – Noon	\$195	\$220
3 WK – SJ 3 TTH (AM)		То	Tuesdays & Th	•	9:00 AM – Noon	□ \$195	\$220
3 WK – SJ 3 TTH (PM)		August 18	Tuesdays & Th	nursdays	1:00 – 4:00 PM	□ \$195	□ \$220
NEW 1 Week Ses	sion	S. All skill levels a	re welcome to e	enroll: beginne	er, advanced beginne	r or interme	ediate.
First day of class includes							
Class Code	Sessi	on / Weeks	Days of Week		Time of Day	Cost	Cost
						by June 1	after June 1
1 WK – SJ A	Α	June 26 - 30	M, T, W, Th, F		9:00 AM – Noon	□ \$140	□ \$165
1 WK — SJ B Class B cancelled	В	July 3 - 6	M, T, W; Th (n	o Friday)	9:00 AM – Noon; 9AM – 12, 1– 4PM	□ \$140	☐ \$165 ••••••••
1 WK – SJ C	С	July 24 - 28	M, T, W, Th, F		9:00 AM – Noon	□ \$140	□ \$165
Class C is full. Wait list only.					Cla	ass C is full. \	Nait list onl
1 WK – SJ D	D	Aug. 7 - 11	M, T, W, Th, F		9:00 AM - Noon	\$140	□ \$165
Team SJJF Racing Sessions. Skill levels of advanced beginner, intermediate or advanced are welcome.							
Racers are encouraged to attend all three sessions or multiple sessions. The team will also practice on "Fun Fridays" (9							
AM-noon on June 16, 23, July 21, August 11, 18) and attend regattas on other Fridays (potential regatta dates are June							
30, July 7, 14, 28, and August 4). There will be a \$20 per regatta fee for travel regattas.							
Class Code		on / Weeks	Days of Week		Time of Day	Cost by June 1	Cost after June 1
3 WK – SJR 1 MW (PM)	1	June 12 - June 30	Mondays & W	Vednesdays	1:00 – 4:00 PM		\$220
3 WK – SJR 2 MW (PM)	2	July 10 - July 28	Mondays & W	Vednesdays	1:00 – 4:00 PM	□ \$195	\$220
3 WK – SJR 3 MW (PM)	3	July 31 -Aug. 18	Mondays & W	•	1:00 – 4:00 PM	\$195	\$220
3 VVK — SJIK 3 IVIVV (FIVI)	J	July 31 -Aug. 16	Worldays & V		dditional Donation:	4 3193	4 3220
				A	Total Cost:		
					TOTAL COST:		
Additional Information – Please check the appropriate skill level and T-shirt size							

Additional information – Please check the appropriate skill level and T-shirt size							
Sailor Skill Level:		Beginner		Advanced Beginner		Intermediate	Advanced
T-Shirt Size:		Youth-Small		Youth-Medium		Youth-Large	
		Adult-Small		Adult-Medium		Adult-Large	Adult-XL

ST. JOSEPH JUNIOR FOUNDATION, INC

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 Releases.

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/social media.

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)