VENTURA YACHT CLUB

2021 Summer Sailing Camp Sign-Up

<table>
<thead>
<tr>
<th>WEEK</th>
<th>DATES</th>
<th>PRICE</th>
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<tbody>
<tr>
<td>1</td>
<td>June 14 – 18</td>
<td>$245</td>
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<tr>
<td>2</td>
<td>June 21 – June 25</td>
<td>$245</td>
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<tr>
<td>3</td>
<td>June 28 – July 2</td>
<td>$245</td>
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<td>4</td>
<td>July 5 – 9</td>
<td>$245</td>
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<td>5</td>
<td>July 12 – 16</td>
<td>$245</td>
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<tr>
<td>6</td>
<td>July 19 – 23</td>
<td>$245</td>
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<td>7</td>
<td>July 26 – July 30</td>
<td>$245</td>
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<td>8</td>
<td>August 2 – 6</td>
<td>$245</td>
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<td>9</td>
<td>August 9 – 13</td>
<td>$245</td>
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$25 Sibling discount per session
$25 Non-VYC member fee if applicable*
Total Enclosed:

*Non-VYC annual members are required to pay a one-time $25 summer membership fee at the time of registration. Summer membership starts on your first week of camp and is good through August 13th.

Hours: 9am – 4pm • Ages 8 – 18 Only

Space is limited. Full payment is required at time of enrollment to secure space.

<table>
<thead>
<tr>
<th>Junior’s Name</th>
<th>Age (on 1st day of camp)</th>
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<th>Address</th>
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<th>Email Address</th>
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Method of Payment:
- [ ] Check enclosed
- [ ] VYC Account #__________

If you would like to pay with a Visa or MasterCard, please contact the office.

Signature ___________________________ Date ________________
Student

I, ____________________________, promise:

I will respect the rules of Ventura Yacht Club, and assume responsibility for the care and preservation of the club.

I will clean up after myself, and refrain from disruptive and unruly behavior in the vicinity of the club.

I will not use inappropriate language towards others, including my fellow students and instructors.

I will abstain from harassing or otherwise intimidating anyone on or off the water.

I will treat the equipment with the utmost care and respect, take personal responsibility for its well being, and try to avoid any damages under normal use.

Parent/Guardian

I understand that it is my responsibility to sign my child in/out of camp each day.

I understand that there may be situations specific to sailing which are unfamiliar to me or my child. However, I acknowledge that my child’s safety is of the highest concern to the instructors.

I agree that upon signing my child in, I am giving the staff full responsibility for my child’s activities.

I will not linger on the docks or near the rigging area for my own safety, enabling my child to get the most out of the program.

Junior signature ___________________________ Date

Parent/Guardian signature ___________________________ Date

Additional Information

Level of sailor: Number of summer sessions previously completed at VYC ________________________________

Beginner (has attended 0-1 sessions previously) _____

Intermediate (has attended 2-3 sessions previously) _____

Advance (has attended 4 or more sessions previously) _____

Does your child have special needs or health concerns that we should be aware of? ________________________

If yes please explain: ____________________________

*Size and age of child will depend on what boat he/she sails.

Choices of boats are Optimist or CFJ
APPLICATION FOR JUNIOR MEMBERSHIP
IN THE VENTURA YACHT CLUB
Ages 8 - 18

Junior’s Last Name: _______________________ First Name: _______________________

Birth date: ___________ Age: _____ Sex: _____ Grade: ________

Parents/ Guardians Names: _____________________________________________

Mailing Address: _______________________________________________________

City _________________________________ State ___________ Zip ________________

Home Phone_______________ Cell______________ Email___________________________

Cell2_____________ Email2__________________________

Parent/ Guardian Work Number ____________________________ Name:________________

Emergency Contact: Name_________________________ Phone______________________

Relationship_________________________

I hereby apply for membership as a junior member in the Ventura Yacht Club and agree to
abide by the Articles of Incorporation, By-Laws and other rules and regulations of the Ventura
Yacht Club. I understand that my membership may be subject to any rate change in the annual
dues, and also to any other assessments or charges that may be adopted in accordance with the
provisions of the By-Laws of the Ventura Yacht Club.

The Junior Membership Year runs from June 1 – May 31. The annual membership includes
12 Sunday Fundays between January and December. The annual membership fee does not
include race team clinics, regattas, and/or charter fees. Session membership is for one week only
to be used for summer camp or to participate in one Sunday Funday.

Junior member applicant hereby acknowledges that their failure to abide by the By-laws
rules and/or the rules and regulations of the Ventura Yacht Club are grounds for the termination
of the membership and that no portion of any fees and/or dues will be refunded if a membership
is terminated by the Ventura Yacht Club or the junior member.

Independent Member: $175
Child or Grandchild of VYC Member - $150
One week session Membership: $25 (in addition to camp fees)

Attached is the sum of $_________ for: ___Independent membership
__VYC family membership
____1-week session membership

Parents Signature _______________________           Date ______________
WAIVER OF LIABILITY, HOLD HARMLESS, INDEMNIFICATION, ASSUMPTION OF RISK REGARDING JUNIOR ACTIVITIES
and
MEDIA RELEASE AND CONSENT TO TREATMENT OF MINOR(S)

The undersigned parent(s) or legal guardian(s) of __________________________ a minor (“child”), hereby request that the child be allowed to participate in any events or activities (“Junior Activities”) sponsored by or involving the Ventura Yacht Club (“VYC”).

In return for the child being allowed to participate in these Junior Activities and the use of the facilities and property of the VYC, parent/guardian and child agrees to the following:

ACTIVITIES: I am familiar with the nature and specific activities of the VYC programs included within Junior Activities in which I intend to participate. While I am aware that officers and employees of VYC are available to provide additional information regarding these activities and programs, I understand and agree that I am solely responsible for:

a. Ensuring that the child arrives and departs from VYC at the beginning and end of each day’s activities;
b. I will not allow the child to remain on the premises of VYC after each day’s program without adequate supervision without the written permission of VYC.
c. I understand and agree that VYC shall have no responsibility for supervision or control of the child at times other than during scheduled activities.
d. I have or will inform the child that participation in these activities requires cooperation with the persons in charge and that they must act in a manner consistent with being a good sport and a good citizen with respect for the rights of others.

COVID-19 WARNING: VYC IS CURRENTLY UNDER RESTRICTION IMPOSED BY FEDERAL, STATE AND LOCAL PUBLIC ENTITIES REGARDING THE PRESENT PANDEMIC. WITH SPECIFIC REGARD TO THIS EMERGENCY, I AGREE AS FOLLOWS:
a. My child is in good health and is not exhibiting any symptoms of COVID-19. In addition, I know of no reason why he/she would be incapable of
participating in the activities. If my child has any limitations which may affect his/her participation, I will inform VYC staff and obtain written permission, separate and apart from this waiver.
b. If there is a change in the child’s condition affecting this participation, I will immediately notify the VYC staff.

WAIVER OF LIABILITY:
a. The parent(s)/guardian(s) executing this waiver and release hereby agrees to indemnify and hold VYC harmless from all claims which may be brought against VYC by any member, or minor using VYC’s facilities and/or equipment or participating in any activities sponsored by VYC, any of the member’s or participants’ guests on their behalf for claims arising from injuries occurring at VYC’s facilities or events, specifically, but not limited to VYC’s sponsorship and support for sailboat racing, including the Junior Sailing Program.
b. The parent(s)/guardian(s) also expressly agrees to be responsible for and reimburse any and all attorneys’ fees and legal costs incurred by VYC as a result of such action.

ASSUMPTION OF RISK:
a. Parent(s)/Guardian(s) are aware and understand that the activities anticipated under this agreement may involve the maneuvering of a boat, sailboard, watercraft, on ocean waters of varying depths, with potentially hazardous conditions relating to weather, sudden and unexpected immersion in the ocean, and collision with other watercraft or stationary objects such as docks, pilings and buoys. With knowledge of the foregoing cautions, I hereby ask that my child be allowed to participate in the requested activities.
b. Parent(s)/Guardian(s) hereby accepts any and all risks to myself and the child of injury, death and property damage arising from the child’s participation in these activities and the use of VYC’s facilities, whether or not cause by the negligence of VYC’s employees, members, guests, except for intentional acts.

MEDIA RELEASE:
a. It is understood by executing this agreement, Parent(s)/Guardian(s), also grants to VYC, its assigns, licensees, and legal representatives, the irrevocable right to copyright, publish and use in any form or media for advertising, trade or other lawful purpose, any likeness or photograph in which my child is included, in whole or in part.
b. Parent(s)/Guardian(s) hereby release and agree to hold VYC, its assigns and agents, from any liability relating to the lawful use of the foregoing referenced
MEDICAL TREATMENT OF THE MINOR:

a. The Parent(s)/Guardian(s) does hereby consent to emergency medical care, including x-rays, anesthetics, medical and/or surgical diagnosis, or treatment or hospital care which is considered reasonable and advisable by a licensed physician or surgeon or emergency medical personnel.
b. It is understood that this authorization is given in advance of any medical diagnosis and is intended to be used only in emergency situations wherein the specific consent of the Parent(s)/Guardian(s) cannot be obtained.
c. Neither VYC or its agents assume any financial responsibility for exercising this action.
d. Treatment authorization herein is provided for under the California Civil Code, section 25.8.

e. Identification of Family Doctor: ____________________ (Tel)___________
f. Person to contact in emergency: ____________________ (Tel)___________
g. Known allergies of minor: ______________________________________
h. Hospital Insurance: Provider___________________ No._____________

EXECUTION:

I have carefully read this Agreement and understand its contents. I am aware that this agreement contains a Waiver of Liability, an Assumption of Risk, indemnification, Media Release and Minor’s Medical Treatment Information.

Name of Minor:__________________________________________________

Minor’s Signature:______________________________________________

Parent(s)/Guardian(s) Signature:___________________________________

Parent(s)/Guardian(s) Signature:___________________________________