

# Space Coast Sailing

## Scholastic Sailing Introduction

Welcome to the Space Coast Sailing (SCS) Scholastic Sailing Program. This program is an exciting and demanding challenge, and every sailor needs to be aware of what will be involved and what will be expected in order to achieve success. The goal of this program is to develop young sailors into competitive dinghy racers and prepare them for future levels of racing.

First and foremost, safety is our number one concern. All sailors are required to wear a USCG Certified Non-Inflatable Type III or Type V Personal Flotation Device (PFD) when on the water at practices or regattas. A PFD will NOT be provided by SCS. In addition to PFD's, all new SCS sailors will be required to prove their ability to swim via a "swim test" at the start of the season, which will require them to swim a distance of fifty yards and tread water for one minute. New sailors will also be required to prove their ability to right a capsized boat.

Proper footwear with soft, non-marking soles is required to be worn at all times when on the water. Each sailor is expected to bring a water bottle that can be secured in the boat. Do not expect water to be provided by SCS coaches, except in the case of emergencies. SCS will NOT allow sailors to bring disposable, single-use plastic water bottles to practice or regattas. This type of water receptacle does not insulate in hot conditions and is often left behind or lost overboard by sailors.

SCS strongly urges all sailors to refrain from wearing cotton clothing when sailing and encourages all sailors to wear the following at every practice or regatta: long-sleeve synthetic "tech" shirts, hats, sunglasses, sun block, swim trunks. When sailing in cold or rainy conditions, SCS strongly encourages sailors to wear water-resistant "spray gear" such as spray pants and spray tops, or insulating, water-absorbing neoprene clothing. Foul weather gear will NOT be provided by SCS.

Please complete the forms below and return them to Space Coast Sailing with payment attached. Parents of sailors under eighteen years of age will need to sign the registration. All parents, regardless of the sailor's age are required to sign the Space Coast Sailing Code of Conduct agreement form.

# Space Coast Sailing Registration Form

Please register (sailor's name) \_\_\_\_\_ in the Space Coast Sailing program for the 2020-2021 \_\_\_\_\_ (fall or spring) semester. The total fee is \$600 per semester. Payment is due at the first practice of each semester.

**Please make checks payable to Space Coast Sailing.**

**Payment can be made in person at practice or sent to:**

**Space Coast Sailing**

**PO Box 372094**

**Satellite Beach, FL 32937**

I have read the attached Introduction, Student Waiver Form, Rules and Discipline Form and Photo Release. I agree to the requirements as described.

Sailor's Name: \_\_\_\_\_

Sailor's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sailor's T-shirt Size:	Men's	Small	Medium	Large
	Women's	Small	Medium	Large
	Youth	Small	Medium	Large

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Contact Information:

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

# Student Waiver Form

**The Space Coast Sailing Inc., Melbourne Yacht Club Inc. and Eau Gallie Yacht Club Inc.**

**Assumption and Acknowledgment of Risks, Release of Liability and Reimbursement Agreement**

**This is a legally binding document – consult an attorney if you do not understand it.**

In consideration of being allowed to utilize the boats, equipment, dock, site, and facilities, (“Amenities”) of the Melbourne Yacht Club Inc. (MYC) and Eau Gallie Yacht Club Inc. (EGYC) and/or to participate in any MYC/EGYC/SCS programs, regattas, clinics, camps, and activities (“Programs”), I, on behalf of myself, my minor child(ren) and/or ward(s) and all our personal representatives, assigns, heirs and next of kin acknowledge, agree and are legally bound as follows:

1. To be respectful of the Amenities of MYC/EGYC/SCS and bring to attention of the MYC/EGYC/SCS staff any damage or irregularities which are observed or occur during use.
2. To return all boats, watercraft and equipment and Amenities after use in the same condition as when taken out, ordinary wear and tear excepted; to secure the boat/watercraft and stow equipment as directed.
3. To be financially responsible for damage caused to the Amenities by the undersigned, or his/her child(ren) and/or ward(s); to reimburse MYC/EGYC for any loss related thereto, ordinary wear and tear excepted.
4. I FULLY UNDERSTAND that: (a) SAILING, RACING, BOATING, AND BASIC EQUIPMENT CARE/MAINTENANCE INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH (“RISKS”); (b) these Risks and dangers may be caused by my own actions or inactions and/or of the minor in the Programs; the actions or inactions of others participating in the Programs, the conditions in which the Programs takes place, or THE NEGLIGENCE OF THE RELEASED PARTIES NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITIES FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or of my child(ren) or ward(s) in the Programs; and (d) there may be dangers in the water from randomly occurring bacteria or sea-life. I understand it is my responsibility to research and monitor water quality and refrain from participating and prohibit my child(ren) or ward(s) from participating in water activities if I or my child(ren) or ward(s) have an open cut or wound or a compromised immune system or compromised liver.
5. I, the undersigned, HEREBY FULLY AND FOREVER RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Space Coast Sailing Inc., the Melbourne Yacht Club, the Eau Gallie Yacht Club, the Brevard County School system, and each of their respective elected officials, administrators, directors, agents, officers, members, volunteers, employees, sailing instructors and coaches, other participants, parent(s)/guardian(s) of minor participant(s), team chaperones, sailing team car-pool volunteer drivers, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Programs take place, their successors and assigns collectively, the “RELEASED PARTIES”, FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, DAMAGES ON MY ACCOUNT OR THAT OF MY MINOR CHILD(REN) AND/OR WARD(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, ACTION OR INACTION OF THE RELEASED PARTIES, BEFORE, DURING, OR AFTER PARTICIPATION IN PROGRAMS AND WHETHER ON OR OFF THE MYC/EGYC PREMISES, INCLUDING NEGLIGENT FIRST AID OR RESCUE OPERATIONS.

6. I FURTHER AGREE that if, despite this ASSUMPTION AND ACKNOWLEDGMENT OF RISKS, RELEASE OF LIABILITY and REIMBURSEMENT AGREEMENT, I, or anyone on my behalf, or on behalf of my child(ren) or ward(s), makes a claim against any of the Released Parties, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASED PARTIES from any and all claims, demands, damages, rights of actions, causes of action, litigation expenses, attorney fees, loss, liability, or cost which any incur as a result of such claim,

7. I, the undersigned agree to take all precautions to minimize Risks, including, but not limited to: inspecting boats, watercraft and equipment before use and to not use any boats, watercraft and equipment which appear unsafe. I agree to operate all boats and watercraft in a safe and responsible manner, and wear a personal flotation device (“PFD”) and have my child(ren) and/or ward(s) wear PFDs while near docks, and on board boats and/or watercraft. If using my own boat or watercraft, I represent that such boat or watercraft is in safe and seaworthy condition, and if racing, that my boat or watercraft is in compliance with its respective class rules. At any time I believe conditions to be unsafe I will immediately discontinue my own or my child(ren) or wards(s) participation in the Programs.

8. I understand that participants may be videotaped or photographed during MYC/EGYC/SCS Programs. My photo, video, and film likeness, and that of my child(ren) or wards(s), may be used by the Program, web-site, and event holders, producers, sponsors, organizer and/or their assigns for any legitimate purpose and I will hold the Released Parties harmless, on behalf of myself and my child(ren) or ward(s) and the parents, guardians and others as outlined above, for such use.

9. In the event 911, medical or other responders are called to assist due to injury, all fees and charges related to such services and hospital/medical care will be the responsibility of the person receiving the services or his/her parent(s)/guardians/s if a minor.

10. I certify my child(ren) or ward(s) can swim but understand MYC/EGYC/SCS instructors and/or coaches may evaluate his/her swimming abilities at any time.

11. I certify my child(ren) or ward(s) is physically capable of participating in the Programs and has not been advised otherwise by a qualified medical person. I further warrant that if I become aware of a medical situation that would preclude my own or my child(ren) or ward(s) from participating I will remove myself or my child(ren) or ward(s) from the Programs.

12. My child(ren) or ward(s), has/have the following physical impairment/medical condition that may need accommodation:

NONE OR as described/accommodation needed:

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Please sign on the following page.

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Name of Participant /Guest:

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Address of Participant/Guest:

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Signature of Participant/Guest:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Signature of Parent/Guardian (if Participant/Guest under 18):

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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PRINT Name of Parent/Guardian:

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# Medical & Emergency Information

(This form must be completed and signed by you or your parents (if you are a minor) and turned in prior to the start of your course.)

Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Sex: M / F

Address: \_\_\_\_\_  
No. Street City State Zip

Do you have a history of, or do you currently have, any physical limitations, learning disabilities, allergies, or other limitations that might prevent you from fully participating in this course? \_\_\_ Yes \_\_\_ No

If yes, please specify what limitations you have: \_\_\_\_\_  
\_\_\_\_\_

Please check any that apply and provide necessary information:

### Chronic Ailments:

Asthma, or other respiratory problems \_\_\_\_\_  
Circulatory or heart problems \_\_\_\_\_  
Diabetes or hypoglycemia \_\_\_\_\_  
Epilepsy \_\_\_\_\_  
Hemophilia, or other blood problems \_\_\_\_\_

### Allergies:

Insect Bites \_\_\_\_\_  
Bee Stings \_\_\_\_\_  
Foods \_\_\_\_\_  
Drugs \_\_\_\_\_  
Others, if significant \_\_\_\_\_

Current medications or pertinent information \_\_\_\_\_

Blood Type: \_\_\_\_\_ Date of last tetanus shot: \_\_\_/\_\_\_/\_\_\_

Family Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical examination: \_\_\_/\_\_\_/\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

## Emergency Contact Information

Who should be notified in case of emergency?

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_ or \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_ or \_\_\_\_\_

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the Education Law and/or Public Health Law of the State of Florida and on the staff of any hospital holding a current operating certificate issued by the Department of Health of the State of Florida. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being rendered but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the above people prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if any of these people cannot be reached.

Signature \_\_\_\_\_  
Applicant, or Parent/Guardian (if a minor)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Rules and Discipline Policy: Signature Form

1. Life jackets must be worn and secured at all times on docks, piers, boats, or in the water (by students, instructors, and coaches)
2. Closed toed footwear is to be worn when sailing
3. No running
4. No swimming (except with the permission of the instructors)
5. No jumping off boats
6. Respect one another – no hitting, pushing, roughhousing, bullying, intimidation, or harassment in any shape or form
7. Use respectful language – no swearing, foul, or rude language; no racist or sexist remarks
8. No littering on land or water
9. Stay with the class unless you have permission from an instructor to leave
10. All sailors must make an effort to sail out and return to docks together or with a buddy
11. Prior to drills, all boats must stay within hailing distance of the safety/coach boat
12. All coach boats and junior sailors must return to the dock prior to sunset
13. No destruction of club or private property
14. Possession or use of tobacco, alcohol, and illegal drugs is strictly prohibited
15. No playing on or near boat ramps and dock
16. Watch fingers and feet between boats, docks, and moving parts
17. Check for overhead wires in boat storage and launching areas
18. Club owned boats must be properly returned and put away after use
19. Sailors must make every effort to avoid collisions

### Discipline Policy:

1. **First Strike:** Student will be warned and daily log will be noted.
2. **Second Strike:** Student will be warned and parent/guardian will be informed and asked to meet with the Program Director. The strike and meeting notes will be noted in daily log.
3. **Third Strike:** The student will be asked to sit out for the rest of the day. Parent/guardian will be informed and asked to meet with the Program Director. Strike will be documented in the daily log.
4. **Continued Abuse:** Continued abuse of the rules will result in expulsion from the program. Parent/guardian and the Program Director will be informed. No fees will be refunded.

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Date

Signature of Parent/Guardian

Name of Parent/Guardian

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Signature of Student

Name of Student



## PHOTO RELEASE

For the good and valuable consideration, the receipt of which is hereby acknowledged, I, \_\_\_\_\_, hereby grant Space Coast Sailing Education Foundation, Inc permission to use my likeness in a photograph in any and all of its publications, including but not limited to all of Space Coast Sailing Education Foundation, Inc's printed and digital publications. I understand and agree that any photograph using my likeness will become property of Space Coast Sailing Education Foundation, Inc and will not be returned.

I acknowledge that since my participation with Space Coast Sailing Education Foundation, Inc is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize Space Coast Sailing Education Foundation, Inc to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Space Coast Sailing Education Foundation, Inc's programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge Space Coast Sailing Education Foundation, Inc from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of guardian if under 18 years of age

