



LUNENBURG YACHT CLUB

734 Herman's Island Rd.
902-634-3745



LYC Membership Fees for Able Sail Program

The annual membership fee is \$50.00 per year. Once your completed application has been received, an invoice will be sent to your email from the LYC Vend/zero billing and accounting system where your payment should be made using the "Pay Now" button. Please no etransfers or cheques

A \$20 fee per sailing session will be billed monthly.

Registrant Information

Participant		
Last Name:	First Name:	Age:
Address:		
Previous Sailing Experience: <input type="checkbox"/> beginner <input type="checkbox"/> intermediate <input type="checkbox"/> experienced		
Phone #:	Email:	
Preferred day(s) of week and time(s) of day:		
Principal Care Giver		
Name:	Relationship:	Phone #:
Emergency Contacts		
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:

Medical Information and Disclaimer

This information is confidential and collected only to ensure the safety of the participant and Lunenburg Yacht Club their Sail Able Program volunteers and staff. Medical information will only be used and shared with medical personnel in the event of a medical emergency.

Health Insurance # & expiry:	Province of issue:
Doctor's Name:	Doctor's Phone #:
Please describe your medical condition:	
Please note any mobility aids (cane, walker, scooter, wheelchair, braces, etc.):	
Will you require the lift sling to assist with entry to and exit from boats: <input type="checkbox"/> yes <input type="checkbox"/> no	
Physical Limitations or barriers to participation: (fear of water, motion sickness, etc.)	
Communication and/or cognitive barriers:	
Other pertinent medical conditions: (sensitivity to sun, exposure, etc.):	
Current medications:	
Allergies:	
Further comments:	

Participant Risk Acknowledgement, Release, Waiver of Claim and Assumption of Risk

In consideration of permission granted to participate in the Lunenburg Yacht Club Able Sail Program (Able Sail), I agree and acknowledge that:

1. I will abide by the rules imposed on the participants in the Program, and the instruction given or decisions made by Lunenburg Yacht Club (LYC) and Able Sail volunteers and staff members.
2. I freely and voluntarily assume any risk and hazards inherent in the nature of the program and accordingly my participation in the program shall be entirely at my own risk.
3. I waive any claim I have against LYC Able Sail, its executive or its members, arising from my participation in the program and agree to indemnify and save harmless Able Sail, including any claim for medical services arising from my participation in the program.
4. LYC Able Sail may secure any medical advice and services as Able Sail volunteers and staff, in his/her sole discretion may deem necessary for my health and safety and I shall be financially responsible for the cost of such advice and services.
5. This RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK is binding upon myself, my executors, my guardians, administrators, personal representatives and assigns.

Dated at _____, Nova Scotia this ____ day of _____, 20__.

Signature of Participant or Legal Guardian _____