



MCSC YOUTH MEMBERSHIP APPLICATION



Youth Name _____ **PLEASE INCLUDE:** Swim Check Card Medical Form

Address _____ Home Phone _____

City _____ Zip _____ Email _____

School _____ Birth date _____

Parent or Guardian _____ Work Phone _____

Address _____ Cell Phone _____

City _____ Zip _____ Email _____

Emergency Contact _____ Home Phone _____

Address _____ Cell Phone _____

MCSC may send information about MCSC programs and activities to its members via e-mail. If you do not wish to receive e-mail communications from MCSC, please check the box. MCSC will not share your e-mail address with any outside party.

1. MEMBERSHIP \$125.00 MCSC YOUTH MEMBERSHIP

MCSC Memberships are valid for one (1) calendar year from class start date and is not needed for classes. Youth membership is required to use boats once a rating is achieved. Need based scholarships are available for those who qualify. Please call for more information. Annual Youth Membership is \$125.00 plus \$7.00 (5.6% Wisconsin Sales Tax is due on MCSC Membership Fees).

2. PERMISSIONS: READ AND SIGN RELEASE & INDEMNITY AGREEMENT

I am giving permission for my child to participate in the Milwaukee Community Sailing Center, Inc.'s (hereinafter referred to as "MCSC") sailing programs. I understand that any water-related recreational activity, including sailing, can be hazardous and presents certain risks; these include the risk of property damage, very serious injury and death. By signing this Release and Indemnity Agreement, I certify I am aware of and accept the inherent risks involved with sailing and I understand that in doing so, I am fully and forever releasing MCSC, its officers, directors, employees, volunteers and agents from any claim for damages that I or my child may have at any time as a result of any property damage or personal injury sustained by my child while participating in MCSC activities from any cause whatsoever, including but not limited to the negligent conduct of MCSC, its officers, directors, employees, volunteers, agents, members, or of an individual or individuals not affiliated or related to MCSC. I further understand and agree that, should my child sustain a personal injury while participating in MCSC activities and my child makes a claim against MCSC, its officers, directors, employees, volunteers or agents as a result of those injuries, that I will fully protect, hold harmless, defend and indemnify MCSC, its officers, directors, employees, volunteers or agents from those claims. I understand that this promise I am making to hold harmless, defend and indemnify MCSC, its officers, directors, employees, volunteers and agents, applies whether my or my child's claims are based solely on the negligent conduct of MCSC, its officers, directors, employees, volunteers, members or agents. I also agree to indemnify MCSC for the cost of repairing or replacing any equipment damaged by my child as a result of his or her negligent, reckless or intentional conduct.

No refunds will be made. MCSC Youth Memberships are non-transferable.

Parent or Guardian Signature _____ **Date** _____

By signing below, you give permission for the child named above to be able to participate in the open sailing program. If you do not sign this portion, your child may participate in the staff supervised youth classes only.

Parent or Guardian Signature _____ **Date** _____

We'd like your permission to use photographs of your child on our Facebook page, our website or for promotional purposes. Please check the box if you give Milwaukee Community Sailing Center permission to publish your child's likeness or image. By checking the box, you release all claims against MCSC with respect to copyright, ownership, and publication, including any claim for compensation related to the use of the materials.

3. REGISTER FOR MCSC COURSES (Do NOT include Wisconsin Sales Tax on Course Fees)

1. Course _____ Section _____ Fee \$ _____

2. Course _____ Section _____ Fee \$ _____

4. SELECT PAYMENT METHOD AND CONFIRM TOTAL AMOUNT WITH MEMBERSHIP, TAX + COURSES \$ _____

Make check payable to: MCSC (Milwaukee Community Sailing Center) **OR** Charge my Credit Card: Visa MasterCard

Credit Card # _____ Expiration Date _____

3-digit code on back of card _____ Signature _____

Membership # _____ Receipt # _____ Staff Initials _____ Date _____