



MCSC YOUTH MEMBERSHIP APPLICATION



Youth: First Name _____ Last Name _____ **ON FILE:** Swim Check Card Medical Form

Address _____

City _____ State _____ Zip _____

School _____ Birth date _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____ Ext. _____

Parent or Guardian: First Name _____ Last Name _____

Address (if different from above) _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____ Ext. _____

Relationship _____

1. MCSC MEMBERSHIP FEE (MCSC Memberships are valid for one (1) calendar year from class start date.)

\$ 95.00	Youth Membership
\$ 5.32	5.6% Wisconsin Sales Tax is due on MCSC Membership Fees.
\$ 100.32	MCSC YOUTH MEMBERSHIP FEE TOTAL INCLUDING TAX.

2. PARENTS: READ AND SIGN RELEASE & INDEMNITY AGREEMENT AND OPEN SAILING STATEMENT

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 in doing so, I am fully and forever releasing the MCSC, Inc., it's officers, directors, employees and agents from any claim for damages that I may have at any time as a result of any personal injury sustained by my child while participating in MCSC, Inc. activities. This Release of my claims applies whether any injuries sustained by my child were caused by my child's negligence, the negligence of the MCSC, Inc., it's officers, directors, employees or agents, the negligence of any other member of the MCSC, Inc., or the negligence of an individual or individuals not affiliated or related to MCSC, Inc. I further understand and agree that, should my child sustain a personal injury while participating in MCSC, Inc. activities and my child makes a claim against the MCSC, Inc., its officers, directors, employees or agents as a result of those injuries, that I will fully protect, hold harmless, defend and indemnify the MCSC, Inc., its officers, directors, employees or agents from those claims. I understand that this promise I am making to hold harmless, defend and indemnify the MCSC, Inc., its officers, directors, employees and agents, applies whether my child's claims are based solely on the negligence of the MCSC, Inc., its officers, directors, employees or agents. I also agree to indemnify the MCSC, Inc., for the cost of repairing or replacing any equipment damaged by my child as a result of his or her negligent action or mischievous or intentional actions.

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

Parent or Guardian Signature _____ Date _____

If you wish for your child to be able to participate in the open sailing program, sign this part of the Parent's Release and Indemnity Agreement. If you do not sign this portion, your child may participate in the staff supervised youth classes only.

I GIVE _____ MY PERMISSION TO PARTICIPATE IN THE OPEN SAILING PROGRAM WITH CERTIFIED MCSC SKIPPERS.

Parent or Guardian Signature _____ Date _____

3. REGISTER FOR MCSC COURSES

1. Course _____	Section _____	Fee \$ _____
2. Course _____	Section _____	Fee \$ _____
3. Course _____	Section _____	Fee \$ _____

(Do NOT include Wisconsin Sales Tax on Course Fees.) **COURSE FEE TOTAL \$ _____**

4. SELECT PAYMENT METHOD & TOTAL MEMBERSHIP FEE + COURSE FEE(S) = TOTAL \$ _____

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

Credit Card # _____ Expiration Date _____

Signature _____

Membership # _____ Receipt # _____ Staff Initials _____ Date _____