

Little Traverse Yacht Club
 343 E. Bay Street
 PO Box 584
 Harbor Springs, MI 49740
 231-526-7919

**2010 LTYC Junior Racing Program
 Application: Ages 13 - 18***

Name of Racer:	
Date of Birth:	
Age:	
Summer Address:	
Winter Address:	
Local Phone:	
Employment:	
Hours You Work:	

Please check:

_____ \$375.00 Race Fee for the season (June 14 - August 6)
 or
 _____ \$125.00 per week

Please make checks payable: Little Traverse Yacht Club – Jr. Racing Team.

_____ YES, I am a junior member in good standing of the L.T.Y.C.
 _____ NO, I am not a member of the L.T.Y.C. and have enclosed the \$65.00
 junior membership fee.

As the parent or guardian of the applicant I acknowledge that participation in Little Traverse Yacht Club Race Team poses certain inherent risks which cannot be avoided and acknowledge that we are accepting those risks. In consideration of the acceptance of applicant's application, we release and forever discharge Little Traverse Yacht Club, its Board of Directors, Program Directors and staff from any claim for property damage, injury or death arising out of or during the course of any participation in Little Traverse Yacht Club Race Team activities, and agree to save, indemnify and hold Little Traverse Yacht Club, its Board of Directors, Program Directors and staff from any liability arising out of our child's participation in Little Traverse Yacht Club Race Team activities. We represent that we have and will maintain sufficient coverage under our homeowner's or tenants liability insurance policy for any negligent acts of applicant in his/her pursuance of Little Traverse Yacht Club Race Team activities. We further certify that, to the best of our knowledge, the applicant is in good physical condition and suffers from no physical, emotional or mental impairment, which would adversely affect his/her ability to safely participate in sailing activities.

ParticipantName _____ Date _____

Signed _____ Relationship to participant _____

Contact Tom Orlow, Program Director: 231-838-9251

* Younger sailors with approval of Program Director.

Office Use Only: __FM __PT __MC __EXCEL Date Paid Amount Check #