



# SAGINAW BAY COMMUNITY SAILING ASSOCIATION

## RACING CREW APPLICATION

**Crew Contact Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Primary Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Comments \_\_\_\_\_

For Youth Participants (less than 18 years of age), list at least one **Emergency Contact (required)**. Optional for Adults.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**SBCSA Connection (check all that apply):**

Current Year Member       Former Member       Sailing Program Graduate  
 Other (please explain) \_\_\_\_\_

**Sailing and Any Racing Experience:**

\_\_\_\_\_

**Racing Preference (check all that apply):**

BCYC Wednesday Lightning Racing     BCYC Wednesday Main and Jib Racing     BCYC Weekend Racing  
 I am not sure, but I want to go racing. Please specify preference:  Small boat     Big boat

**Assumption of Risk for Personal Loss and Injury and Release of Liability** I fully understand that participation in the Saginaw Bay Community Sailing Association may involve risk of personal loss and/or injury and hereby agree to assume full responsibility for loss and/or injury which may result from participation in the sailing program and associated activities. I agree to hold the SBCSA and its officers, volunteers, and employees free from liability for said injury and/or loss.

**Photo Release** I give permission for the SBCSA to use photos or videos that may include me or members of my family in the SBCSA electronic and print media for promotional purposes.  Check here if you do not consent to the Photo Release

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Participant or Parent/Guardian if Youth Participant

Please consider a contribution to the SBCSA to help cover our operating expenses.

**Please mail the completed application to: SBCSA, P.O. Box 2122, Bay City, MI 48707.**