

# 2026 HBSF Summer Sailing Program Application

Applications **w/payment** accepted by mail or can be dropped off at the HBSF office:  
3821 Warner Avenue, Huntington Beach, CA 92649  
Tele: 562-592-2186

**Early Registration Discount Deadline: Friday, May 15, 2026**  
(to receive discount, completed application and full payment must be received by May 16th)

*Class availability is limited for all sessions*  
*Applications after June 13 accepted only with program director approval*

## Sailor Application

(A separate application is required for siblings)

New Sailor:       Returning Sailor:       HHYC Member:       Non-Member:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age by June: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relation: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relation: \_\_\_\_\_

Email address(es) of primary contact for summer: \_\_\_\_\_

Please indicate your priority (1, 2, 3, etc) regarding how you wish to be contacted by phone, email or text message:

Any       Email       Phone       Text message

- o **T-Shirts/Class photos** – Each sailor will receive a Summer Program t-shirt on picture day. A class session photograph will be taken on Wednesday, July 1 and Wednesday, July 22. Please be sure your child is early on these class days.

Please circle the correct size:

Youth Sizes:	Small	Medium	Large	X- Large
Adult Sizes:	Small	Medium	Large	X- Large

- o **Parent of the Day** - All parents are required to bring snacks one day as Parent of the Day. The Parent of the Day Calendar will be available at the Parent Orientation and the first day of classes.

### HOW DID YOU HEAR ABOUT OUR PROGRAM?

- ▶ I am a returning sailor
- ▶ Friend or Relative
- ▶ City of HB Sands listing
- ▶ Flyer
- ▶ School : \_\_\_\_\_
- ▶ Other: \_\_\_\_\_

PLEASE LET US KNOW IF YOU HAVE ANY PARTICULAR EXPECTATIONS FOR YOUR CHILD THIS SUMMER, OR ANY SPECIFIC TYPE OF BOAT HE/SHE DESIRES TO SAIL. WE TRY TO ACCOMMODATE ALL REASONABLE REQUESTS:

\_\_\_\_\_  
\_\_\_\_\_

**1ST SESSION: JUNE 22 – JULY 9, 2026 | 2ND SESSION: JULY 13 – JULY 30, 2026**  
**FULL SESSION: JUNE 22 – JULY 30, 2026**

**1) CLASS FEES\*\*** (check one box below and enter amount):

**\*\* Class fees include mandatory boat rental fees of \$75 for single session and \$150 for full summer.**

**Sabots/Cubes/Optimists/CFJs/O'pen Skiffs** (please see *Class Descriptions* for appropriate levels):

- ▶ #1: Beginner 1st Session (AM)\* \$550 \_\_\_\_\_
- ▶ #2: Beginner 2nd Session (AM) \$550 \_\_\_\_\_
- ▶ #3: Teen Beginner 1st Session (PM)\* \$550 \_\_\_\_\_
- ▶ #4: Teen Beginner 2nd Session (PM) \$550 \_\_\_\_\_
- ▶ #5: Intermediate 1st Session (PM)\* \$550 \_\_\_\_\_
- ▶ #6: Intermediate 2nd Session (PM) \$550 \_\_\_\_\_
- ▶ #7: Intro to Racing 1st Session (PM)\* \$550 \_\_\_\_\_
- ▶ #8: Intro to Racing 2nd Session (PM) \$550 \_\_\_\_\_
- ▶ #9: Full summer AM (Level: \_\_\_\_\_) \$910 \_\_\_\_\_
- ▶ #10: Full summer PM (Level: \_\_\_\_\_) \$910 \_\_\_\_\_

▶ \* Add-on week(s) after 1st session – \$200 per week (includes boat rental fee): \_\_\_\_\_ week(s) x \$200 \_\_\_\_\_

**2) ADDITIONAL PROGRAM MERCHANDISE**

Item	Price	Size (circle)	Qty	\$
Youth dry-wick LS shirt	\$25	S M L XL	___	_____
Adult dry-wick LS shirt	\$25	XS S M L XL	___	_____
Adult hooded sweatshirt	\$35	XS S M L XL	___	_____

**CHECK OUT:**

**1. Class Fee:** \$ \_\_\_\_\_

- \* A) Early registration discount for application and payment received by Friday, May 15: \$25 discount (\$50 for full summer).
- \* B) HHYC members receive a \$25 discount (\$50 for full summer).
- \* C) Multiple siblings each receive a \$25 discount (\$50 each for full summer).

**\*Only one discount (A, B or C) can be used.**

Select Discount (A, B or C): \_\_\_\_\_ ( \_\_\_\_\_ )

**2. Additional Merchandise:** \_\_\_\_\_

**GRAND TOTAL:** \$ \_\_\_\_\_

Method of Payment (*checks preferred*):

Check: # \_\_\_\_\_ \$ \_\_\_\_\_

Cash: \$ \_\_\_\_\_

Credit card no. \_\_\_\_\_

Exp. date (mm/yy): \_\_\_\_/\_\_\_\_ CSC (3/4 digit code): \_\_\_\_\_

Billing zip code: \_\_\_\_\_

(All credit card information is destroyed after your fee is processed)

**MORE INFORMATION:**

Applications will be processed on a first-come, first-served basis. Class sizes are limited.

Refunds:

A \$50 processing fee will apply to all refunds. **Fees are not refundable after June 12, 2026. No exceptions!!**

**I have read the 2026 Summer Program application and have a full understanding of its contents.**

Parent's signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**Application and check should be mailed/delivered to:**

Huntington Beach Sailing Foundation  
 Attn: Summer Sailing Program  
 3821 Warner Avenue  
 Huntington Beach, CA, 92649  
 562-592-2186

If you have any questions regarding registration please contact:

Christian Marshall  
 HBSF Summer Sailing Program Director  
 hbsailingfoundation@gmail.com  
 949-705-8050

**PERSONAL HEALTH AND MEDICAL INFORMATION FORM**

[PLEASE PRINT OR TYPE]

*This form must be completed and turned in prior to the start of the program.*

Sailor's name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_ Sex: M / F

Blood type: ▶ A+ ▶ O+ ▶ B+ ▶ AB+ ▶ A- ▶ O- ▶ B- ▶ AB- Grade in September: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (bus) \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Health/Accident Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Emergency Contacts**

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

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

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

In the case of an emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physician or dentist selected to secure the proper medical or dental treatment, which may include hospitalization, anesthesia, surgery or injection of medication for my son/daughter.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Chronic Ailments - Has your child ever been treated for or diagnosed with:**

ADHD/etc.	▶ yes	▶ no	Convulsions	▶ yes	▶ no	High Blood Press.	▶ yes	▶ no
Allergies	▶ yes	▶ no	Diabetes	▶ yes	▶ no	Leukemia	▶ yes	▶ no
Asthma	▶ yes	▶ no	Epilepsy	▶ yes	▶ no	Lung Disease	▶ yes	▶ no
Bone Disease	▶ yes	▶ no	Heart Disease	▶ yes	▶ no	Rheumatic Fever	▶ yes	▶ no
Cancer	▶ yes	▶ no	Hemophilia	▶ yes	▶ no	Other	▶ yes	▶ no

Explanations: \_\_\_\_\_

Are they currently taking any prescription medications? ▶ yes ▶ no If so, what? \_\_\_\_\_

**Allergies:**

Food: ▶ yes ▶ no Insect bites: ▶ yes ▶ no Medicines: ▶ yes ▶ no Plants: ▶ yes ▶ no

Does the child utilize any special equipment such as orthopedic or handicap devices, glasses or contacts, dentures?  
▶ yes ▶ no if so, what? \_\_\_\_\_

**HUNTINGTON BEACH SAILING FOUNDATION**  
2025 Summer Sailing Program  
**Parent's Consent and Waiver of Liability,  
Assumption of Risk and Indemnity Agreement**

I/we, the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_ (the "Child"), request that my Child be allowed to participate in the Huntington Beach Sailing Foundation (the "Foundation") Junior Summer Sailing Program to be held at the Huntington Harbour Yacht Club's ("HHYC") facilities. In exchange for my Child being permitted to participate in the sailing program and to use the facilities and equipment of HHYC, I make the following representations, and agree on my behalf and for my Child as his/her parent or guardian as follows:

\*\*\* (Please confirm you have read each section and agree with their terms by initialing) \*\*\*

**A. PROGRAM ACTIVITIES AND INFORMATION, SUPERVISION OF CHILD: \_\_\_\_\_ (initial)**

I am familiar with activities offered by the Foundation in the sailing program and understand that the directors, officers and employees of the Foundation are available to discuss these activities and to provide any further information I request. I further understand that I alone am responsible for the prompt arrival and departure of my Child at the beginning and end of each day's session, and I will not allow my Child to remain on the premises of HHYC either before or after any session without appropriate supervision. I agree that neither the Foundation nor HHYC shall have any responsibility for the supervision of my Child outside of each session's scheduled time. I will inform my Child that he/she is expected to cooperate with and follow the directions of the persons in charge of the sailing program, to act in a manner consistent with the spirit of good sportsmanship, and to respect the rights and property of others.

**B. HEALTH OF CHILD; CONSENT TO TREATMENT OF A MINOR: \_\_\_\_\_ (initial)**

My Child is in good health and I know of no reason why he/she would be incapable of participating in the sailing program. I have completed a Personal Health and Medical Information Form for him/her. My child knows how to swim. If there is a change in my Child's health or other condition which affects my Child's ability to participate in all activities, I will immediately notify the sailing program director, instructor, or other adult supervisor/representative of the Foundation.

In the event of a medical injury or emergency to my Child, I hereby consent to any emergency x-ray, surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act. I acknowledge and agree that I am responsible for any medical costs and expenses incurred on my Child's behalf, including the cost of summoning paramedics and ambulance transportation to a medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the Foundation's instructors and agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

**C. WAIVER OF LIABILITY: . (initial)**

I, for myself, my agents, representatives, spouse, successors and assigns, and for and on behalf of my Child as his/her parent or legal guardian, do hereby fully and forever release, discharge and acquit the Foundation, the HHYC, and any of its members, directors, officers, agents, employees and affiliated organizations (the "releasees") from any and all indebtedness, liabilities, claims, demands, obligations, actions, causes of action, rights, damages, and waive any other claims I or my Child may have or acquire, to make a claim against, sue, attach the property of or to prosecute, for monetary damages caused by injury to my Child or damage to the property of my Child or myself arising from my Child's participation in the activities and use of the facilities and property of the Foundation or HHYC, whether or not the injury or damage results from the negligence or other action, except intentional acts or willful misconduct, of any of the releasees.

**D. WAIVER OF RIGHTS UNDER CIVIL CODE SECTION 1542:** \_\_\_ (initial)

I understand that Section 1542 of the Civil Code of California provides as follows:

"Section 1542. (Certain claims not affected by general release.) A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his or her settlement with the debtor."

I for myself and for my Child as his/her parent or guardian hereby expressly waive Section 1542 of the Civil Code of California.

**E. ASSUMPTION OR RISK:** \_\_\_\_\_ (initial)

I am aware that the activities may involve maneuvering a boat, sailboat or other watercraft on deep waters in potentially hazardous conditions which may include, among other things, strong winds, strong currents and high waves, sudden and unexpected immersion in deep waters, and collisions with other watercraft or stationary objects such as docks, pilings and buoys. With knowledge of the dangers involved, I voluntarily ask that my Child be allowed to take part in the sailing program's activities. I ACCEPT ANY AND ALL RISKS TO MYSELF AND MY CHILD OF INJURY, DEATH AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE SAILING PROGRAM AND THE USE OF THE FACILITIES AND PROPERTY OF THE FOUNDATION AND HHYC, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTS, EXCEPT INTENTIONAL ACTS OR WILLFUL MISCONDUCT, OF ANY OF THE RELEASEES.

**F. PAYMENT OF DAMAGES:** \_\_\_\_\_ (initial)

I agree to pay for any and all damages to any property of the Foundation, the HHYC and their releasees caused by me or my Child by the use of the vessels of the Foundation or HHYC.

**G. INDEMNITY AGREEMENT:** \_\_\_ (initial)

I agree to indemnify and hold the releasees harmless from and against any loss, liability, damage or cost, including reasonable attorney's fees, they may incur as a result of my Child's participation in the sailing program, including but not limited to personal or bodily injury or property damage, whether or not such loss, liability, damage or cost results from the negligence or other action, except intentional acts, of any of the releasees.

**H. ATTORNEY'S FEES:** \_\_\_ (initial)

In the event of any action or proceeding regarding this Consent and Waiver of Liability, Assumption of Risk and Indemnity Agreement, whether for enforcement, interpretation, declaration of rights, or otherwise, the prevailing party shall be entitled to reimbursement from the unsuccessful party for attorney's fees, costs and expenses, including expert witness fees.

**I. KNOWING AND VOLUNTARY SIGNING OF THIS DOCUMENT:**

I have carefully read this agreement and fully understand its content. I am aware that this is a release of liability and a contract between the Huntington Beach Sailing Foundation, and their affiliated organizations, and myself. I am signing this document of my own free will.

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Student: \_\_\_\_\_ Parent: \_\_\_\_\_ Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

**DECLARATION OF WITNESS**

I certify that \_\_\_\_\_ acknowledged in my presence that he/she has read and fully understand the meaning and consequences of the foregoing release, and has signed it in my presence. I am further more acknowledge that I have verified or I have personal knowledge that they are at least 18 years of age or they are in fact the parent or legal guardian of the Child enrolled in the Foundation's sailing program.

Signature: \_\_\_\_\_ Print name \_\_\_\_\_ Date: \_\_\_\_\_