

L.A. COUNTY YOUTH SAILING CAMP

Los Angeles County Lifeguards will be instructing beginning, intermediate, and advance sailing classes. All sessions will be held in Marina del Rey at 13640 Mindanao Way. The sailing curriculum will include knot tying, sailing knowledge and terms, boat maintenance and rigging, tacking, docking and ocean sailing. Students will sail on 14-foot Capri sailboats (with main sail & jib) and lasers; in the final days of the session (depending on the advancement of the class) the students get experience on a Catalina 275 Sport. Students should wear their swimsuit under comfortable clothes, and tennis shoes to class. Bring in a backpack or zippered bag; a towel, change of clothes, a jacket or sweatshirt, sunscreen, a hat, water, a snack, and lunch. In the event of inclement weather or unsafe water conditions, camp cancellation may occur. Notification will be made as soon as possible, prorated refund by day will be issued.

ELIGIBILITY/ENROLLMENT

Sailing is open to youth aged 11-17 on a first-come, first-serve basis. New participants must successfully **complete a 100-yard swim test, completed within 2:20**. Enrollment is on a first-come, first-serve basis. Classes are limited to 15 students with a minimum of 10. If the minimum of 10 is not met, the class may be canceled. A waiting list will be formed after the class is filled.

SESSION DATES & TIMES

Summer sailing classes will be held Monday - Friday, **from 10:00 am to 4:00 pm** during the following weeks:

BEGINNING SAILING

- June 23 - June 27
- June 30 - July 3 (4-day session)
No class on July 4th in observance of County holiday
- July 21 - July 25
- July 28 - Aug 1

INTERMEDIATE SAILING

- June 16 - June 20 (4-day session)
No Class June 19th in observance of County holiday
- July 7 - July 11
- Aug 4 - Aug 8

BEGINNING/INTERMEDIATE SAILING

- Aug 11 - Aug 15th

ADVANCE SAILING

- July 14 - July 18

SWIM TEST

New applicants must successfully complete the required 100yds swim test to be eligible for sailing camp. Returning 2024 participants from sailing and 2024 Jr. Lifeguards are exempt from the swim test.

New applicants may take the 100yd swim test at a pool near their home using our swim test verification form (attached). Test must be given by a certified lifeguard or a registered swim coach to be valid. Submit the swim test verification form, with the sailing application. **Both papers must be submitted together in order to be enrolled in the class.**

MEETING LOCATION

All sailing classes will meet on the Boathouse at Burton Chace Park, at the boating garage on the first level, at the north end of the metered parking lot:

Boathouse - Burton Chace Park *
13640 Mindanao Way, Marina del Rey, CA 90292

Head west on Mindanao Way until it ends at Burton Chace Park. Then make the hairpin turn at the end of the street, past the front of the park, and enter the metered parking lot located to the south-east. Participants should be dropped off at 10:00 am and picked up at 4:00 pm.

*Meeting location is subject to change.

L.A. COUNTY YOUTH SAILING CAMP - General Information (continued)

COST

\$375 per participant for the 5-day sessions and \$300 per participant for 4-day sessions. This will include instruction, use of all equipment, and a program T-shirt. FINANCIAL AID assistance, based on family income, is available to qualified participants. Please call for more information (424) 526-7897. No deposits may be accepted. Telephone credit or debit card (with a VISA or MC logo) payment is available for your convenience. For payments via check, please call the office to make an appointment as all checks will be received in person.

REGISTRATION/CONFIRMATION

Participants' enrollment will be confirmed by email once participants' application and fee have been received and processed at the W.A.T.E.R. Program office.

REFUNDS

A refund of registration fees is available only under certain conditions. In the event the sailing camp must be canceled due to an unpredictable occurrence, unsafe weather or surf conditions, a pro-rated refund may be issued dependent on the number of days completed. In the event a participant is unable to attend the program, email dbhwaterprogram@bh.lacounty.gov, a brief written request for the refund and the reason for not attending. Please include your child's name and session enrolled in on your request. Please be patient; refund process takes 6 - 8 weeks for the check to be sent in the mail.

CONTACT

You may contact the W.A.T.E.R. Youth Program office at (424) 526-7897 or email us at dbhwaterprogram@bh.lacounty.gov.



**W.A.T.E.R. YOUTH SAILING CAMP
REGISTRATION AND RELEASE/WAIVER – CHILD**

DBH YOUTH SAILING CAMP		Beginner Intermediate Advance	SESSION DATE(S):	
PARTICIPANT/STUDENT NAME:				
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Other:		BIRTHDAY:	AGE:	
ADDRESS:				
CITY:		STATE:	ZIP:	
PARENT'S PHONE NO. (1):		Parent: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other:		
PARENT'S PHONE NO. (2):		Parent: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other:		
PARENT'S PHONE NO. (3):		Parent: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other:		
PARENT OR GUARDIAN EMAIL ADDRESS:		Parent: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		
(IF APPLICABLE) NAME OF LEGAL GUARDIAN:		RELATIONSHIP:		
IN CASE OF AN EMERGENCY, PLEASE PROVIDE A RELIABLE FRIEND OR RELATIVE TO CONTACT IF A PARENT CAN'T BE REACHED.				
NAME:		RELATIONSHIP TO PARTICIPANT:		
ADDRESS:		PHONE NO:		
HOW DID YOU HEAR ABOUT THE PROGRAM?				
PLEASE CHECK WHICH BEST IDENTIFIES THE PARTICIPANT:				
<input type="checkbox"/> WHITE or CAUCASIAN		<input type="checkbox"/> BLACK or AFRICAN AMERICAN		<input type="checkbox"/> AMERICAN INDIAN/or NATIVE AMERICAN
<input type="checkbox"/> ASIAN-PACIFIC ISLANDER (<i>Chinese, Japanese, Korean, Southeast and persons having origins in the Indian subcontinent</i>)				<input type="checkbox"/> FILIPINO
<input type="checkbox"/> HISPANIC (<i>Mexican American, South American, Cuban, Puerto Rican</i>)		<input type="checkbox"/> OTHER		<input type="checkbox"/> DECLINE TO STATE
FOR OFFICE USE ONLY				
50/100 YD Swim Test: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL		Time:	Date:	Test Monitor
Amount Due \$	Date Paid:	Check #	Check Name:	

**TERMS AND CONDITIONS OF PARTICIPATION
WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

As a condition and in consideration of the County of Los Angeles allowing the minor identified below to participate in the Russell Walker WATER Program ("Event"): I, the Parent/Guardian, in my own capacity and on the Minor's behalf, agree as follows:

1) I authorize the Minor to participate in the Event and certify that the Minor is between 11 and 17 years of age. I agree that the Minor must follow all rules given during the Event. I certify that I am the parent or legal guardian of the Minor and acknowledge that this Agreement is binding on both me and the Minor, as well as my family members, estate, heirs,

Continued - TERMS AND CONDITIONS OF PARTICIPATION
WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

assigns, personal representatives, next of kin, and spouse.

- 2) I know the nature of the Event and the Minor's experience and capabilities and believe the Minor to be qualified to participate in the Event. I will inspect the premises, facilities, and equipment that will be used, or with which the Minor may come in contact. If I or the Minor believe anything is unsafe, I will immediately advise the Program Coordinator of such condition(s) and refuse to participate.
- 3) Assumption of Risks. I acknowledge that the Minor's participation in the Event involves risk of serious bodily injury, death and/or severe social and economic losses which might result not only from the Minor's own actions, inactions, or negligence, but the action, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to us or not reasonably foreseeable at the time. I knowingly and freely assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
- 4) Waiver, Release, and Agreement Not to Sue. I waive, release, discharge and agree not to sue the County of Los Angeles, its elected and appointed officers, employees agents, volunteers, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the Event, all of which are hereinafter referred to as "County Parties" from and with respect to all present and future claims that may be made by the Minor, me, my family members, estate, heirs, assigns, personal representatives, next of kin, or spouse, including, without limitation, claims for property damage, personal injury, or death in connection with the Minor's participation in the Event, including, but not limited to, claims actually or allegedly arising out of or relating to the negligence of any of the County Parties, wherever, whenever, or however the damage, injury, or death may occur.
- 5) Agreement to Indemnify, Defend, and Hold Harmless. I further agree to defend, indemnify, and hold harmless the County Parties from and against any and all liability, including but not limited to demands, claims, actions, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with the Minor's participation in the Event.
- 6) This Agreement shall be governed by, and construed in accordance with, the laws of the State of California. I further agree that the foregoing waiver, assumption of risk and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion thereof is held invalid, agrees that the balance shall, notwithstanding, continue in full legal force and effect.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND THAT THE MINOR AND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

PARENT/GUARDIAN SIGNATURE

RELATIONSHIP

DATE

PRINT OF NAME OF SIGNER

PRINT NAME OF PARTICIPANT

AUTHORIZATION OF CONSENT TO MEDICAL TREATMENT OF A MINOR

I(We), the undersigned, parent or legal guardian of _____, a minor, who was born on ____/____/____, do hereby authorize the Los Angeles County Department of Beaches and Harbors and the Fire Department employees, agents, and volunteers who are 18 years of age or older, who supervise the activities of WATER Youth Program to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act.

Continued - AUTHORIZATION OF CONSENT TO MEDICAL TREATMENT OF A MINOR

It is understood that effort shall be made to contact the undersigned prior to the rendering of treatment to the patient but that none for the above treatment shall be withheld if the undersigned cannot be reached.

This authorization shall remain effective through December 31, 2025 unless sooner revoked in writing and delivered to said agent(s).

SIGNATURE OF PARENT OR GUARDIAN

DATE

PHONE #:

Medical Information: (include known allergic reactions, specific medications, medical problems, etc.)

Doctor's Name:

Phone #:

Insurance Carrier:

Policy #:

PHOTOGRAPHY, VISUAL IMAGE RELEASE

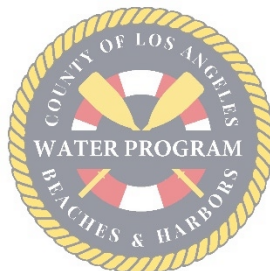
I, _____ am the parent/legal guardian of _____ and do hereby give the County of Los Angeles (including the Los Angeles County Department of Beaches and Harbors) or its assigns the irrevocable and unrestricted right and permission to take, use, re-use, publish, and republish photographic portraits, video, or pictures of my minor child or in which my minor child may be included, in whole or in part, or composite or reproductions thereof in color or otherwise, made through any media, art, advertising, publicity, promotions, or any other lawful purpose whatsoever.

I hereby waive any rights that I may have to inspect or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless the County of Los Angeles, its elected and appointed officers, employees agents, and volunteers from any liability for claims by me or my minor child, including without any limitation, any claims ensuing from or in connection with the taking of my child's photograph and use of publication of his/her image, as well as any claims for invasion of privacy, defamation, false light, or misappropriation of name, likeness, or image.

PARENT/GUARDIAN SIGNATURE

DATE





COUNTY OF LOS ANGELES
DEPARTMENT OF BEACHES AND HARBORS
W.A.T.E.R. YOUTH PROGRAM



All W.A.T.E.R. Youth Program Applicants are required to pass a timed, 100 yd. swim test within 2:20 in order to participate in Sailing Camp. All tests must be administered by an American Red Cross certified lifeguard or a registered USA/YMCA swim coach. The test time is as follows: Sailing Camp - 100 yards swimming within 2:20. Proof of passing the test is required to process the applications for Youth Program activities. Please include this form with the submittal of your application. Thank you and good luck!

Date_____

Child's Name_____

100 yd. Swim Time _____

Examiner's Name_____

Examiner's Title _____

Organization of Certification (i.e. Red Cross) _____

Certification Number _____

Examination Location_____

Examiner's Signature_____

Phone number where Examiner can be reached_____