



MEDICINE LAKE SAILING CLUB

Membership Information

MLSC Membership Options

Family Membership

- Includes the registered party and his or her immediate family (spouse/partner and children).
- Entitles all members of the Family to skipper or crew on any boat registered with MLSC in MLSC-sanctioned races.
- Is a voting membership (one vote per Family).
- Family Members are eligible to sit on the MLSC Board.

Crew Membership

- Single membership; includes only the registered party.
- Entitles the registered party to crew on any boat registered with MLSC in MLSC-sanctioned races, provided a registered Family Member is also on board.
- Is a non-voting membership.

Boat Registration

- The Registered Boat owner must also pay for a Family Membership.
- Entitles the Registered Boat to be sailed in MLSC-sanctioned races.
- A Registered Boat can be sailed in MLSC-sanctioned races by any registered Family Member, with the approval of the Registered Boat's owner.
- Registered Boat owners are required to participate on the Committee Boat for a minimum number of race days during the season. The minimum required race days will be determined by the Vice Commodore of Racing at the beginning of each season.
- At the end of the season, Registered Boat owners who have fulfilled their Committee Boat obligations will receive a partial refund of the registration fee. The registration fee and refund amount will be determined by the MLSC Board at the beginning of each season.



MEDICINE LAKE SAILING CLUB 2016 Member Registration

Member Information

Name _____ Spouse _____

Children _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

(please include area codes with phone numbers)

Email address _____

Are you CPR Trained? Yes No

Boat Information

Boat Name _____ Boat Make _____ Sail # _____

Any modifications that make it nonconforming _____

Boat Insurance Company _____ Policy # _____

Applicable MLSC Fees

Crew Membership: \$30 (non-voting, single membership) \$ _____

Family Membership: \$50 (voting membership, includes immediate family) \$ _____

Boat Registration: \$250 (must also pay for a Family Membership) \$ _____

TOTAL \$ _____

Race Committee Refund: I understand that \$100 of the Boat Registration fee is a deposit to encourage member participation on the Committee Boat during races, and that I will receive a refund of that amount at the end of the season, provided that I have fulfilled my obligation to participate on the Committee Boat a minimum of two Sundays during the season.

Waiver of Liability and Indemnification Agreement (please read carefully)

By participating in the races sponsored by the Medicine Lake Sailing Club (the Club), I do hereby waive any and all liability of the Club, its officers and directors, the City of Plymouth, its agents or employees, the City of Medicine Lake, its agents or employees, Hennepin County and the Hennepin County Sheriff's Department, its agents or employees, for injury to myself or members of my crew. I further agree to indemnify and hold the Club, its officers and directors, the City of Plymouth, its agents or employees, the City of Medicine Lake, its agents or employees, Hennepin County and the Hennepin County Sheriff's Department, its agents or employees, harmless from any loss resulting from injuries or damages suffered by myself, my boat, any member of my crew or any other party, caused either by myself, my boat any member of my family or any other person operating my boat while participating in a club activity even if injury or damage is caused by negligence of the Club, its officers or directors, the City of Plymouth, its agents or employees, the city of Medicine Lake, its agents or employees, Hennepin County and the Hennepin County Sheriff's Department, its agents or employees. I further recognize that I am responsible for maintaining control of my vessel at all times and have a duty to keep aware of changing wind and weather conditions which might affect my sailing ability.

Date _____ Member Signature _____

Mail your signed registration form with a check made out to "Medicine Lake Sailing Club" to:
Medicine Lake Sailing Club, PO Box 27951, Golden Valley, MN 55427 • medicinelakesailingclub.org