



SINGLES UNDER SAIL, INC.
MEMBERSHIP APPLICATION



Please send this completed application, along with your check for \$100.00 Payable to: Singles Under Sail, Inc., c/o Lael Burns, 14 Hillside Place, Chappaqua, NY 10514

New Renew Change

Name (please print clearly) _____

Address _____

City _____ State: _____ Zip: _____

Home Phone (_____) _____ Birthday (Month/Day) _____

Cell Phone (_____) _____ E-mail address _____

Emergency Contact Name _____ Phone (_____) _____

How did you learn about Singles Under Sail? Please be specific.

All Hands-on Deck! Singles Under Sail, Inc. is run totally by volunteers. Member volunteers are critical to our continued planning and communicating club activities. ***Please circle at least one area to join the crew:***

Membership Sailing Events Special Events Finance Programs Newsletter Public Relations

Education Computer/Web/Technology Lead Skipper Photography Other:

SKIPPERS ONLY

Boat Description:

Name _____ Make _____ Homeport _____

Length (LOA feet) _____ Sail No. _____ Hull color _____ Rig type _____

Circle one vessel type: Sail Power Total capacity: Day sailing _____ Overnight _____

I understand that it is the responsibility of the Owner/Skipper to provide a safe, insured vessel, which is equipped and operated as required by the U.S. Coast Guard or State agencies

Date _____ Skipper's Signature _____



SINGLES UNDER SAIL, INC.
PERSONAL SKILLS ASSESSMENT



Name _____ Date _____

SUS Skippers are always looking for crew at all levels. It is important that there is a mutual understanding of each other's skill level. Everyone should be willing to help with the commissioning and or de-commissioning of yachts in the Club.

- * A **Novice** - Loves the water but considers themselves a beginner and is looking for opportunities to gain practical experience after taking basic sailing/safety courses as well as reading books on boating.
- * A **Crewmember** has sailed before, is familiar with common boat terms and, with proper direction, can perform basic boating tasks.
- * A **First Mate** has sailed frequently with SUS and/or other boats AND can sail/power a yacht back to the dock if the captain is incapacitated.
- * A **Skipper** can handle his/her yacht in most conditions encountered on Long Island Sound. He/She keeps the yacht in good and safe condition, is capable/willing to demonstrate good and prudent seamanship and prepared to help improve the skills of the crew on board.

I consider myself a competent Long Island Sound: Novice__Crewmember__First Mate__Skipper__

I consider myself a competent Offshore: (Non-LIS) Novice__Crewmember__First Mate__Skipper__

Sailing Education Completed*:

| <u>US Power Squadron</u> | <u>Date</u> | <u>US Coast Guard Auxiliary</u> | <u>Date</u> | <u>Other Courses</u> | <u>Date</u> |
|---------------------------------|--------------------|--|--------------------|-----------------------------|--------------------|
| America's Boating Course | | About Boating Safely | | | |
| Seamanship | | Boating Skills & Seamanship | | | |
| Piloting | | Sailing Skills& Seamanship | | | |
| Advance Piloting | | Navigating with GPS | | | |
| Junior Navigation | | Weekend Navigator | | | |
| Navigation | | Weather and Boating | | | |
| Weather | | Lines & Knots | | | |
| Sail | | Your Boats Radio | | | |
| Engine Maintenance | | | | | |
| Marine Electronics | | | | | |
| Cruise Planning | | | | | |



SINGLES UNDER SAIL, INC.
PERSONAL SKILLS ASSESSMENT (continued)

Name _____ Date _____

Do you have a CT Safe Boating Certificate? Y N # _____ Date Issued _____
Please attach a copy to this application.

Do you have a USCG License? Y N # _____ Type _____ Date Issued _____
Please attach a copy to this application.

Emergency Skills (i.e. CPR, First Aid)

Boating, Navigation, Sailing Experience:

Sailing Preferences

Yes

No

- | | | |
|---|-------|-------|
| Are you available for weekday sailing? | _____ | |
| Are you available for weeknight twilight sailing? | - | _____ |
| Are you available for a weekend daysailing? | - | _____ |
| Are you interested an overnight sailaway? | - | _____ |
| Are you available for club cruises? | - | _____ |
| Are you interested in offshore sailing? | - | _____ |



SINGLES UNDER SAIL, INC.
MEMBERSHIP AND SAILING AGREEMENT

While Singles Under Sail Inc. stresses safety at sea at every phase of an activity, sailing and water related activities are “not without risk”. In signing below, I affirm that my general health is good and:

I fully assume all risks involved, whether on board, swimming, or doing on shore related activities.

I do not have physical limitations that prevent me from crewing on a boat.

I can get on and off a boat from a dock or dingy without assistance.

I will not hold SUS, Inc., its officers, or members liable for any injury, illness, or damage I may suffer as result of my participation in any SUS activities.

I understand that I am not required to participate in any SUS activity and that my choice is voluntary and without coercion by SUS or any of its members.

I also understand I am solely responsible for seeking information from Skippers, Crew, or other Members: which I may require to assure my own safety, comfort and protection.

I agree to read and abide by the SUS By-Laws and the SUS event Policies, Procedures, Rules and Regulations. The SUS By-Laws are available on the SUS website.

I understand that the Skipper decides what is proper attire and behavior, required for the expected sailing conditions. It is my sole responsibility to verify proper attire and behavior by consulting with the Skipper before embarking on any sailing activity.

The Skipper may refuse to allow anyone to participate at **THEIR SOLE DISCRETION**.

SUS reserves the right to publish pictures taken at club events in the Masthead and/or on the SUS website.

I understand that this agreement will remain in effect during my membership with SUS, as long as I continue to be a member in good standing.

I SHALL PROMPTLY NOTIFY SUS OF ANY CHANGES IN MY PERSONAL INFORMATION OR HEALTH AND PHYSICAL RESTRICTIONS THAT MAY OR WILL AFFECT MY ABILITY TO PARTICIPATE IN SAILING ACTIVITIES.

I give SUS permission to post my name, phone #, email and street address on the membership list on the website under member only access:

| | | | | | |
|-----------------------|-----|-----|----------------|-----|-----|
| | YES | NO | | YES | NO |
| Name, phone # & email | ___ | ___ | Street Address | ___ | ___ |

Member's Signature _____ **Date** _____

All applications are subject to approval.