

## 2008 Jr. Sailing Schedule

Beginning Session I    June 9 - June 19    Monday-Thursday    9am – 12pm  
Intermediate Session I    June 9 – June 19    Monday-Thursday    1pm – 4pm  
Intro to Sailing Session I    June 23 – June 26 Monday-Thursday    9am – 12pm  
Beginning Session II    June 30 – July 10    Monday-Thursday    9am – 12pm  
Intermediate Session II    June 30 – July 10    Monday-Thursday    1pm – 4pm  
Intro to Sailing Session II    July 14 – July 17    Monday-Thursday    9am – 12pm  
Intro to Sailing Ages 14-19    July 14 – July 17    Monday-Thursday    1pm – 4pm  
Intro to Sailing Session III    July 21 – July 24    Monday-Thursday    1pm – 4pm  
Beginning Session III    July 21 – July 31    Monday-Thursday    9am – 12pm  
Funsail    August 4 – August 7    Monday-Thursday    9am – 3pm

## 2008 Sailing Program Application Carolina Yacht Club

Sailor's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

Previous Sailing Experience \_\_\_\_\_

Will Sailor Provide a Boat? Y or N Type of Boat \_\_\_\_\_

Any other Information \_\_\_\_\_

Parent's Email Address \_\_\_\_\_ Student's Email Address \_\_\_\_\_

\*If a non-member, sponsoring member \_\_\_\_\_

**Sailing Lessons and Fees (Please Circle)**

**Mem / Nonmem**

Beginning Sailing (I, II, III)	\$275 / \$350
Intermediate Sailing (I, II, III)	\$275 / \$350
Intro to Sailing (I, II, III)	\$175 / \$225
Funweek	\$250 / \$300
Racing Team (Invitation Only)	\$300 / \$350

**Total** \_\_\_\_\_

**Method of Payment (check one that applies)**

Club Account \_\_\_\_\_ Account Number \_\_\_\_\_

Check \_\_\_\_\_ Check Number \_\_\_\_\_

## MEDICAL RESPONSE INFORMATION AND CONSENT FORM

Minor's full name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### ***People to contact in case of emergency:***

Father's telephone: Home: \_\_\_\_\_ Office: \_\_\_\_\_

Mother's telephone: Home: \_\_\_\_\_ Office: \_\_\_\_\_

Other (name below): Home: \_\_\_\_\_ Office: \_\_\_\_\_

Name of other person: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

### ***Medical Information:***

#### **Allergies:**

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

Medical Conditions:

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

Medications taken Regularly:

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

Other information that may be helpful in case of an emergency:

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

### **Authorization and consent to treatment of a minor**

I, the undersigned parent/guardian (circle one) of \_\_\_\_\_  
(minor's full name) hereby consent to any medical and/or surgical treatment, diagnosis, anesthesia and hospital care which is deemed advisable by, and is to be rendered under the general and special supervision of, any physician licensed under the provision of the law of the state in which the said physician practices.

It is understood that this authorization and consent is given in advance of any specific diagnosis or need for treatment, but is provided to give authority to such physician and medical facilities in advance in the event that any such medical and/or surgical treatment, diagnosis, anesthesia or hospital care is deemed necessary by the above described physician.

I am aware that hospital procedures as well as the practice of medicine are not exact science and I acknowledge that there is no guarantee expressed or implied as to the results of such diagnosis, examination or other procedures carried on by such physician and /or hospital.

I acknowledge that the efforts of Carolina Yacht Club and those acting on its behalf in connection with any such medical situation do not constitute an acceptance or acknowledgment by Carolina Yacht Club or any such individual acting on its behalf or responsibility for the medical situation involved, the result or any such treatment or care, or financial responsibility for such treatment or care

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

Printed Name: \_\_\_\_\_

## WAIVER

We, the undersigned being an applicant for admission to the Carolina Yacht Club Sailing School and a parent/guardian of the applicant, do hereby acknowledge that participation in the sailing school and/or racing program poses certain inherent risks which cannot be avoided and acknowledge that we are accepting those risks.

In consideration of the acceptance of applicant's application, we release and forever discharge the Carolina Yacht Club, its Officers, its Board of Directors, Sailing School Committee, their servants agents and employees, from any claim for property damage, injury or death arising out of or during the course of any participation in the Sailing School Program. We represent that we have and will maintain sufficient coverage under our homeowner's or tenants liability insurance policy for any negligent acts of applicant in his/her pursuance of school activities.

We further certify that, to the best of our knowledge, the applicant is in good physical condition and suffers from no physical, emotional or mental impairment, which would adversely affect his/her ability to safely participate in sailing activities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Parent/Guardian of Applicant

Carolina Yacht Club

**PARENT/GUARDIAN EMERGENCY TREATMENT AUTHORIZATION**

I, \_\_\_\_\_, (Parent/Guardian) authorize the program organizers or their employees to sanction emergency treatment if none of the above can be contacted at the time of an emergency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Emergency telephone for Parent/Guardian: \_\_\_\_\_

Home

\_\_\_\_\_  
Business

\_\_\_\_\_  
Cell

**IMPORTANT:** This form must be completed in its entirety for registration to be fully processed.

## Carolina Yacht Club

### PARTICIPATION AGREEMENT

The Basic Sailing course you are about to begin is an exciting and demanding challenge, but you need to be aware of what will be involved and be willing to study and practice to achieve success.

A swim test is required of all students, which consists of swimming 50 yards in the waters of the area you will be sailing in, in sailing clothing and footwear. The attached student registration and medical and emergency information form must be completed and signed by you or your parents.

You will be required to provide a life jacket (vest type) which should be Coast Guard approved, the proper size for your weight and build, and be form fitting and comfortable, as you will be wearing it at all times during the course. Put your name on it with waterproof ink. Bring a change of clothes, a towel, a lined notebook for note taking, two pencils, and a waterproof felt tip pen to each lesson.

I understand that in entering this sailing course I agree to obey all program rules as set forth by the program director and the instructors, that I will use utmost care in the use of the boats and equipment, and that I will not engage in any horseplay or other disruptive behavior. I understand that failure to attend regularly, arrive promptly, and abide by the rules may result in my suspension from the program.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Parents are REQUIRED to attend parent orientation which will be held Sunday, June 8<sup>th</sup> at 3pm.\*\***

I assume full responsibility for any loss or damage, excepting loss or damage covered by insurance, that may come to any person, boat, sailboat, equipment pier, float, or other property used in conjunction with this course as the result of improper use, negligence, violation of the rules, and other acts of sailors, or other representatives of the school, instructional program or host location in connection herewith. I accept that the sport of sailing and the conduct of this course entail and are subject to certain inherent risks and assume all risks on land and on the water of participation in this program. I further agree to hold the school, instructional program or host location, and their representatives harmless for personal injuries and/or property damage.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Applicant, or Parent/Guardian (if a minor)

Parental/Guardian Agreement (if student is a minor):

I understand the contents of this statement and agree to see to it that my child adheres to the program rules. I agree to assume the obligation for the expenses of repair and/or replacement of program equipment that is attributable to my child's reckless or irresponsible behavior. I agree to make an appointment for a parent-instructor conference, if requested.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_