

Cambridge Yacht Club Junior Sailing Program Application

Your child's acceptance into the Junior Sailing Program is contingent upon the following:

1. His/her ability to pass the swim test
2. Completed registration and medical forms on file
3. Signed code of conduct form on file
4. All fees paid in full in advance

Note: If your child is unable to honor the JSP code of conduct as determined solely by the Instructors, this will result in dismissal of your child from the Junior Sailing Program with no refund of any tuition paid.

(for Office only) Due _____ Paid _____ Experience _____

2012 Applicant Information — complete one application for each student

Sailor's Name _____ Male Female Date of Birth ___/___/___

Home Address _____ City _____ State ___ Zip _____

Email for student _____

Parent/Guardian Name _____ Phone _____

Parent E-mail _____ Cell _____

**** If student is from out of town and will be staying with a local family, please provide this information:**

Local Contact's Name _____ Phone _____

Local Contact's Address _____

Tuition (discounts for one student taking multiple sessions and bringing own boat)

CYC members*: \$300.00 / student / two week session for children, grandchildren, nieces & nephews

Second session: \$250; third session: \$200; all three sessions: \$750; deduct \$75/session for own boat

Non Members: \$350.00 / student / two week session for first session taken

Second Session: \$300; third session: \$250; all three sessions: \$900; deduct \$75/session for own boat

* **For CYC members only:** One-week sessions available commencing June 25, July 9 & July 23;
cost: \$150; this will be only for the first week of a regular two-week session

Schedule of Sessions

Sessions run Monday through Friday, 9:00 am – 3:15 pm, for two weeks (*sailor brings own lunch*)

____ Session 1: June 25 -- July 6 (no class on July 4) Tuition \$ _____

____ Session 2: July 9 -- July 20 Tuition \$ _____

____ Session 3: July 23 -- August 3 Tuition \$ _____

____ Racing for all ages Thursdays at 3:30 pm starting June 28 (Instructor's okay required) free
(all parents are invited to eat at the Club on Thursday evenings; reservation requested)

sub-total \$ _____

____ Bring your own boat; \$75 off per session Minus Discount \$ _____

Payable in advance Total \$ _____

Sailing Experience

This year the students will be divided into three groups; please rank your child:

- ___ Beginner sailors are sailing for the first time
- ___ Intermediate sailors have completed one, two-week session in the CYC program or its equivalent
- ___ Experienced sailors have completed three, two-week sessions and have some experience with racing

Curiosity Question: How did you learn about the CYC Jr. Sailing Program?

Junior Sailing Code of Conduct

Rules of the Program: Walk on the dock; wear a lifejacket while on the water and on the dock
 Be polite and show respect for other people and property
 Follow directions; be safe at all times and sail carefully
 Participate in all activities and do your best
 Help other students and the Instructors when they ask for help
 Use appropriate language; profanity and obscene gestures will not be tolerated
 Physical violence or fighting is absolutely prohibited
 If problems or difficulties, I will talk first to an Instructor or a representative of the
 CYC Junior Sailing Program Committee
 At all times I will take good care of the boats, supplies, and property of the CYC

We understand that if the student does not honor the program's rules and this Code of Conduct, the student may be suspended or dismissed from the program without any refund at the sole discretion of the Head Instructor.

STUDENT'S Signature: _____ **Date** _____

Parents' Signature: _____ **Date** _____

Cambridge Yacht Club – Junior Sailing Program Permission

_____ has my permission to participate in events sponsored by the Junior Sailing Program of the Cambridge Yacht Club or events at another location, such as regattas, etc.

Parent/Guardian: _____ Date _____

Medical Information; Authorization for Emergency Care

Student: _____ Current Daily Medications: _____

Date of last Tetanus Shot (approximate): _____

Other Health Issues (contacts, eyeglasses, etc.): _____

Name & Phone of Physician (if local): _____

Health Insurance Company: _____

Health Insurance Policy Number: _____

Health Insurer's Phone: _____

_____ (parent/guardian) authorize the Staff of the Junior Sailing Program to approve emergency treatment if none of the above persons can be contacted at the time of an emergency and authorize Dorchester General Hospital to render treatment and hospital care to said minor under the supervision of the on duty Emergency Room Physician when the need for such treatment is immediate and determined by him/her to be necessary and when efforts to contact either the Physician identified above or me are unsuccessful.

Parent/Guardian Signature: _____ Date _____

Liability Waiver

Cambridge Yacht Club (CYC) and its employees and volunteers shall not be liable to the minor's parents, or any third party for any damage suffered by the minor's person or property arising out of the use of CYC property or arising out of participation in CYC activities. Further, the minor and parents shall indemnify and save CYC and its employees and volunteers harmless from any and all damages to person or property to third parties which may result from the minor's activities while on CYC property or engaged in CYC activities. This waiver is made freely, knowingly and voluntarily in consideration of the applicant being accepted as a participant in the Cambridge Yacht Club's Junior Sailing Program.

Waiver Agreed to and Accepted by the Parent(s) or Guardian

Signature _____ Date ____/____/____

Parent/Guardian Signature _____ Date ____/____/____

Printed Name (address label okay) _____

Mail (or hand deliver) this completed Application to:
Website: www.cambridgeyachtclub.org
Phone: 410-228-2141 Fax: 410-221-0733

Cambridge Yacht Club
PO Box 287
Cambridge, MD 21613