



Boston Yacht Club



Junior Sailing Program - 2010 Registration Form

Student Information *(please use a separate form for each child)*

Student's name				Tel #			
Address			City			Zip Code	
Email				Male <input type="checkbox"/>	Female <input type="checkbox"/>	DOB	

Primary Contact (parent or guardian)

Relationship to student			Name				
Home #			Cell #				
Work #			Email				

Secondary Contact (parent or guardian)

Relationship to student			Name				
Home #			Cell #				
Work #			Email				

Alternate Emergency Contact if neither of the above are available

Relationship to student			Name				
Home #		Cell #		Work #		Other #	

Medical Information

Physician's Name				Telephone #			
Health Insurance Provider				Card #			
Dentist's Name				Telephone #			

Does your child have any of the following conditions?

Allergies	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	Other that we should be aware of?	<input type="checkbox"/>
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Please specify and describe any medical conditions that the student has that the sailing staff need to be aware of.

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Is the student taking any medication that we need to be aware of?

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Medical Waiver

The parent or guardian is assuming full responsibility for the applicant's health, assuming that the activities undertaken in the Junior Sailing Program will in no way aggravate any health conditions that are present. It is assumed that the parent/guardian will be aware of the student's condition or will seek advice before completing this form. The parent/guardian will notify the sailing office if for any reason this condition should change. The parent or Guardian understands that in the case of an emergency that a reasonable attempt will be made by the Boston Yacht Club to contact them, or one of the alternate contacts listed above, but in the event that this is not possible, the parent or guardian give their permission to transport their child to the nearest source of emergency care, in order for the necessary medical treatment not be delayed.

Signature of parent				Date			
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*** Please register my son/daughter for the following programs. (check the appropriate box)**

	Sonar					Optimist		
AM 8:30-12:00 PM 1:00-4:30	Intro to Sailing (Age 6-8)		Beginner (Age 9& up)		Intermediate (Age 10 & up)	Beginner (Age 8 & up)		Intermediate (Age 9 & up)
Dates	AM	PM	AM	PM	PM	PM	AM	PM
Jun 28-July 15								
Jul 19 – Aug 5								
Aug 9 Aug 26								

* Registration opens to the general public on March 1

Lessons are conducted Monday through Thursday.

T shirt size				Connection to BYC				Fees	\$
Kids -S		Adult -S		Club Member					
Kids -M		Adult-M		Relation/Friend of Club Member					
Kids -L		Adult-L		Other				Sub Total	\$
Rates: Pricing for BYC members is \$550 per session. Pricing for non-members is \$600 per session.								Less non-refundable deposit (\$200 per course)	\$
BYC member rates only apply if the course fees are charged to a BYC account.				BYC Name				Remainder due by May 15th	\$
				BYC #				Please makes checks payable to Boston Yacht Club	

Sailing Experience

Please list the sailing experience that your child has had. (If they are signing up for a beginner course, or sailing camp then no experience is required)

Note to parents and guardians

1. Your child's application will not be accepted until the sailing program has received a \$200/course non-refundable deposit.
2. If the course you have applied for is full at the time we receive your application we will contact you to offer alternative dates
3. Each application will be reviewed by the sailing instructors to ensure that your child is in the appropriate class for his/her level of experience. As a result we may contact you to discuss changing your child's program enrollment.
4. Students must be able to pass a swim test on the first day of classes. The swim test involves demonstrating that they can swim 20 yards and are able to tread water unaided for at least a minute.
5. Students must wear an approved lifejacket at all times when in the boats or on the dock.

Waiver and Release of liability

I declare and agree that I am responsible for the management and control of the boat my child will sail. His/her life jacket will be in good condition and will be worn at all times when on the dock or in a boat. In consideration for being permitted to sail at Boston Yacht Club I assume the risk of participation and agree to absolutely and unconditionally waive any and all claims that I, my executors, legal representatives, heirs, successors and assigns may have against the Boston Yacht Club, organizing committee, instructors, club members, officers or employees conducting classes and from liability for accident, injury, or death arising from participation, to the extent that such assumption of risk and waiving of claims does not void my current insurance policies.

Signature of parent		Date	
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Please return completed application form to: Boston Yacht Club
 Junior Sailing Program
 c/o Jane Hood
 1 Front St.
 Marblehead
 MA01945

For more information please go to www.bostonyachtclub.net