



# SYC Youth Sailing Program Application 2011

Priority status will be given to returning SYC members and 2010 students & their siblings. Priority status applications will be accepted after March 15, 2011 (must be postmarked March 15 or later). All other applications will be accepted after April 1, 2011 (must be postmarked April 1, 2011 or later). Priority status applications received after April 1, 2011 will be merged with the general applications. **Applications will be accepted by mail only when received at the address below.**

## Student Information- Please print clearly

Name (Student) \_\_\_\_\_ Male  Female  DOB \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about the Sailing Program? \_\_\_\_\_

**Swimming Ability** Must be able to swim 25 yards & tread water for 2 minutes. There will be a swim test on the first day.

Excellent  Average (comfortable in water)  Fair (comfortable in water)  Poor (not comfortable in water)

## Family Information

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_

Relationship \_\_\_\_\_

Email \_\_\_\_\_

<u>Enrollment</u>	Session 1 <sup>+</sup> 6/24-7/8*	Session 2 7/11-7/22*	Session 3 7/25-8/5*	Session 4 8/8-8/19*	<u>Fees</u>	
					Member	Non- member (Circle one)
Beginners 9:00 - Noon	Session Filled	Session Filled	<input type="checkbox"/>	<input type="checkbox"/>	\$340	\$375
Intermediates 1:00 - 4:00 No class on Wednesdays	Session Filled	Session Filled	<input type="checkbox"/>	<input type="checkbox"/>	\$310	\$345
Advanced/420 ** 1:30 - 4:30 No class on Wednesdays.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$310	\$345

\*\* Must be at least 12 years old, a proficient sailor & have taken at least 2 Intermediate classes or equivalent elsewhere. Applicants need approval from Program Director.

+ If school is in session on June 24, then class will start on Saturday, June 25. No class on Monday, July 4.

\* Family Day (Optional) - sailing and lunch on the last Saturday of each session.

All sailors are invited to participate in Junior Racing- Wednesdays 1:00 - 4:00

Total Enclosed \$ \_\_\_\_\_

Make check payable to: Sherborn Yacht Club, Inc.

### **Liability Release**

Appreciating that there is a risk of accident and injury inherent in any water sport, including sailing, I hereby release the Sherborn Yacht Club, Inc. its directors, officers, agents, servants and participants from all liability of any sort and intend that they be held harmless and indemnified for any accident or injury sustained by my child while participating in your program. I understand that payment is not refundable.

Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Occasionally photos are taken at the SYC docks for publication in a newspaper or on our web site.

I do not want my child's photo published.

Mail application to: SYC c/o Deb Barnet ● 226 Webster Street ● Needham, MA 02494

**Sherborn Yacht Club  
Medical & Information Form**

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Physical Handicaps (i.e. wears glasses or contacts, hearing, etc.) \_\_\_\_\_

Emotional Issues (i.e. anxieties, fears, hyperactivity, etc.) \_\_\_\_\_

Learning Disorders, which may interfere with your child's learning experience  
(i.e. ADD, ADHD, other learning problems. Please be specific) \_\_\_\_\_

Previous head injury (i.e. concussion) date / information; \_\_\_\_\_

**Chronic Ailments**

\_\_\_\_\_ Asthma or other respiratory problems      \_\_\_\_\_ Circulatory or heart problems  
\_\_\_\_\_ Diabetes or hypoglycemia                      \_\_\_\_\_ Epilepsy  
\_\_\_\_\_ Hemophilia or other bleeding problems      \_\_\_\_\_ Other \_\_\_\_\_

**Allergies**

\_\_\_\_\_ Insect bites    \_\_\_\_\_ Bee stings  
\_\_\_\_\_ Foods \_\_\_\_\_  
\_\_\_\_\_ Medications \_\_\_\_\_  
\_\_\_\_\_ Other, if significant \_\_\_\_\_

Medications we should know about: \_\_\_\_\_

**Swimming Ability**

\_\_\_\_\_ Excellent    \_\_\_\_\_ Average  
\_\_\_\_\_ Poor/comfortable in water                      \_\_\_\_\_ Poor/not comfortable in water

Anything else we need to know so that your child's experience is a good one:

\_\_\_\_\_

**In case of emergency please notify:**

- |    |       |              |       |
|----|-------|--------------|-------|
| 1. | _____ | _____        | _____ |
|    | Name  | Relationship | Phone |
| 2. | _____ | _____        | _____ |
|    | Name  | Relationship | Phone |
| 3. | _____ | _____        | _____ |
|    | Name  | Relationship | Phone |

**Health Insurance**

\_\_\_\_\_

Company	Policy Number
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Primary Care Physician \_\_\_\_\_ Tel # \_\_\_\_\_

I do/do not wish the physician to be contacted if treatment is required.

**Parent/Guardian Emergency Treatment Authorization**

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

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