

Northeast Harbor Sailing School

Junior Sailing Program 2015

Registration Form

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

Student's name		Male () Female ()	Date of Birth
Summer Address		City	
State	Zip Code		Summer Tel./Cell
Winter Address		City	
State	Zip Code		Winter Tel./Cell
Email			

Primary Local Contact (parent or guardian)

Name	Relationship to student	
Home #	Cell #	
Work #	Email	

Secondary Contact (parent or guardian)

Name	Relationship to student	
Home #	Cell #	

Alternate Emergency Contact: if neither of the above are available

Name	Relationship to student	
Home #	Cell #	

Medical Information

Physician's Name		Telephone #	
Health Insurance Provider		Card #	

Does your child have any of the following conditions? Please circle or write-in:

Allergies, Asthma, Diabetes, Epilepsy, Heart Problems, Other:

Please specify and describe any medical conditions that the sailing staff should be aware of?

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

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, a reasonable attempt will be made by the Northeast Harbor Sailing School or its cooperative sailing organizations 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, so that the necessary medical treatment not be delayed.

Signature of parent		Date	
---------------------	--	------	--

Please return completed application form and payment to:
Northeast Harbor Sailing School • P.O. Box 12 • Northeast Harbor, Maine 04662

Please put an X in each box indicating the week and the class you wish your child to attend

CLASSES	Week 1 Jun. 29	Week 2 July 6	Week 3 July 13	Week 4 July 20	Week 5 July 27	Week 6 Aug 3	Week 7 Aug 10	Week 8 Aug 17
Rowing Mon – Fri 8:30-11:00 \$200 per week +\$25 reg. fee								
Beg. Mercury Sailing Mon-Thurs 8:30-11:00 \$220 per week + \$25 reg. fee								
Beg./Int. Opti Sailing (a.m.) Mon-Thurs 8:30-11:00 \$220 per week + \$25 reg. fee								
Beg./Int. Opti Sailing (p.m.) Tues,Thur, Fri. 12:30-3:30 Wed. 2:30-5:00 \$220 per week + \$25 reg. fee								
Mercury Sailing Mon-Thurs 8:30-11:00 \$220 per week + \$25 reg. fee								
420 Sailing (a.m.) Mon-Thur 8:30-11:00 \$200 per week + \$5 reg. fee								
420 Sailing (p.m.) Mon-Thurs 12:30-4:30* \$200 per week + \$5 reg. fee *Week 1 ends at 3:30								
PRIVATE LESSONS – CALL AHEAD TO SCHEDULE – 207-276-5101								
One 2.5 hour lesson @ \$85 / hour, Two 2.5 hour lessons @ \$75 / hour, Three or more 2.5 hour lessons @ \$70 / hour Discounts available to currently enrolled NEHSS Students								

REGISTRATION NOTES:

- Students will not be allowed to participate until Membership dues and tuition are paid in full.
- Registrations will be processed and child confirmed in class once full payment is received.
- Checks should be made payable to Northeast Harbor Sailing School.
- Classes fill quickly. **Please** pre-register. **No refunds will be given for a student’s withdrawal from classes, once confirmed.**

Fleet Membership and Billing Information			
Fleet Member’s Name		Relationship to Student	
Member Summer Address		Phone	
Membership Category	Family () Resident Student () Other: () Please Describe:		

Optional Tax Deductible Donation to Northeast Harbor Sailing School		\$
Total Amount Included: Make checks payable to "Northeast Harbor Sailing School"		\$

My child, whose name is stated above, can swim 50 yards. I agree (on behalf of myself and my child) to make no claims against the Northeast Harbor Sailing School, the Northeast Harbor Fleet, and all associated sailing clubs or any of their officers, directors, members, agents or employees for any loss of, or damage or injury to any person or persons or property and to protect the Club and its officers, directors, members, agents and employees against liability for any loss, damage or injury caused by my child/children. I understand that since many of these programs are cooperative with other area sailing organizations, by signing I agree to hold harmless any other participating sailing organization, its employees, officers, directors, members, agents or associated volunteer personnel.

Signature of parent	Date
---------------------	------

I hereby give permission for images of my child, captured during regular activities of the Northeast Harbor Sailing School through video, photo or digital camera, to be used solely for the purposes of Northeast Harbor Sailing School and its cooperative sailing organizations’ promotional material and publications and I waive any rights of compensation or ownership thereto.

Signature of parent	Date
---------------------	------

Please return completed application form and payment to:
Northeast Harbor Sailing School • P.O. Box 12 • Northeast Harbor, Maine 04662