

Northeast Harbor Sailing School

Junior Sailing Program 2009

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.
Winter Address		City	
State	Zip Code		Winter Tel.
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?		
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 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	
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Please put an X in each box indicating the week that your child will be in class

	Week 1 July 6-11	Week 2 July 13-18	Week 3 July 20-25	Week 4 July 27-31	Week 5 Aug. 3-8	Week 6 Aug 10-15	Week 7 Aug 17-22	Week 8 Aug 24-28
Rowing Mon – Fri 8:30-11:00								
Beg. Mercury Sailing Mon-Thur 8:30-11:00								
Beg./Int. Opti Sailing Mon-Thur 8:30-11:00								
Beg./Int. Opti Sailing Tues-Thur 11:00-1:30 Fridays 8:30-11:00								
Beg./Int. 420 Sailing Mon-Thur 8:30-11:00								
Adv. Mercury Sailing Mondays 12:00-4:00 & Tues., Thurs, Fri 11:00-1:30								
Adv. Opti Sailing Tues, Weds, Fri 11-1:30 Thurs. 11:00 – 4:00								
Adv. 420 Sailing Tues, Weds, Fri 11-1:30 Thurs. 11:00 – 4:00								
Seamanship Clinic Fridays 4:00-6:30								
Mercury Racing Clinic Saturdays 10:00-12:00								

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.**

Membership and Billing Information

Member’s Name			Relationship to Student			
Member Summer Address					Phone	
Membership Category	Family () Resident Student () Other: ()					

Rowing Class Fee	_____ weeks X \$ 165.00	\$
Beg / Int. Sailing Class Fee	_____ weeks X \$165.00	\$
Advanced Sailing Class Fee	_____ weeks X \$175.00	
Seamanship Clinic	_____ weeks X \$35.00	
Mercury Racing Clinic	_____ weeks X \$10.00	
Non-Refundable Registration Fee		\$ 25.00
Optional Tax Deductible Donation to Sailing School		\$
	Total Amount Included:	\$

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, 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.

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 promotional material and publications and I waive any rights of compensation or ownership thereto.

Signature of parent

Date