

# Northeast Harbor Sailing School

## Junior Sailing Program 2010

### 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 and the class you wish your child to attend

	Week 1 July 5-9	Week 2 July 12-16	Week 3 July 19-23	Week 4 July 26-30	Week 5 Aug. 2-6	Week 6 Aug 9-13	Week 7 Aug 16-20	Week 8 Aug 23-27
<b>Rowing</b> Mon – Fri 8:30-11:00								
<b>Beg. Mercury Sailing</b> Mon-Thur 8:30-11:00								
<b>Beg./Int. Opti Sailing</b> Mon-Thur 8:30-11:00								
<b>Beg./Int. Opti Sailing</b> Tues,Thur, Fri 11:30-2:00 Weds. 2:30-5:00	Friday *			Friday ***				
<b>Int. Mercury Sailing</b> Mon-Thur 8:30-11:00								
<b>Beg./Int. 420 Sailing</b> Mon-Thur 8:30-11:00								
<b>Adv. Opti Sailing</b> Tues,Thur, Fri 11:30-2:00 Weds. 2:30-5:00	Friday *			Friday ***				
<b>Adv. 420 Sailing</b> Tues,Thur, Fri 11:30-2:00 Weds. 2:30-5:00	Friday *			Friday ***				
<b>Seamanship Clinic</b> Fridays 4:00-6:30			Overnight **				Overnight **	

\* Week 1: No Friday classes for 2<sup>nd</sup> Session Classes (\$45 off normal price)

\*\* Week 3 & 7: Seamanship Clinic Overnights an additional \$15

\*\*\* Week 4: Friday classes for 2<sup>nd</sup> Session will be 2:30-5:00 (time change only)

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:	

Rowing Class Fee	___ weeks X \$ 165.00	\$
Beg / Int. Sailing Class Fee	___ weeks X \$175.00	\$
Advanced Sailing Class Fee	___ weeks X \$185.00	
Seamanship Clinic	___ weeks X \$45.00	
Additional or Credit of Class Fee based on notes (* / **) above	___ Addl. for Overnight(s) X \$15.00 ** ___ Week 1, Session 2 (-\$45.00) *	
Non-Refundable Registration Fee		\$ 25.00
Optional Tax Deductible Donation to Northeast Harbor Sailing School		\$
	<b>Total Amount Included:</b>	\$

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
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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
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