

Sailor's Name	Age	Weight
Parent Name	Email Address	
Address	Cell Number	

Select the desired 2-week Session(s). Multiple sessions may be taken.

<input type="checkbox"/> Session 1 June 27 - July 8 (includes class on July 4th)	<input type="checkbox"/> Session 2 July 11 - July 22	<input type="checkbox"/> Session 3 July 25 - Aug 5	<input type="checkbox"/> Session 4 Aug 8 - Aug 19
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Select the Lesson Level.

<input type="checkbox"/> Opti 1A \$175 New Sailors Ages 7 and up.	<input type="checkbox"/> Opti 1B \$175 Returning Sailors that have completed 2 sessions of Opti 1A or comparable sailing experience.	<input type="checkbox"/> Opti 2 \$220 Sailors practice skills in the ocean in front of Gooch's Beach.	<input type="checkbox"/> 420s \$220 Sailors that have completed Opti 2 & older children without sailing experience.
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I hereby attest and warrant that my child possesses the ability to swim twenty-five (25) yards in full clothing including footwear, with a Personal Flotation Device (PFD) for a period of five (5) minutes without help or assistance of any kind.	
Parent/Guardian Signature:	Date:

Please return completed form (2 pages) with payment to:

**AYC Junior Sailing Program
PO Box 328
Kennebunkport, ME 04046**

Sailor's Name

EMERGENCY CONTACTS & MEDICAL INFORMATION

Is sailor allergic to any Medications?	
Current List of Medications Taken by Sailor.	
1st Emergency Contact Name & Phone Number	
2nd Emergency Contact Name & Phone Number	
Physician's Name & Phone Number	

Waiver and Hold Harmless Agreement & Permission to Treat

Parents and sailors should understand that sailing involves certain inherent risks and hazards. Storms occur, boats capsize and on-water and around-water accidents happen. Parents are expected to convey to their children the importance of safe, responsible behavior around boats and the water, and to support the teaching of boating and water safety by Arundel Yacht Club staff.

In consideration of the admission of my child to the Arundel Yacht Club Junior Sailing Program, on behalf of myself, all adult members of my family, and my child, I assume the risks inherent in sailing and water-related activities. I hereby waive any and all claim or claims that I or my child may have against the Arundel Yacht Club, its officers, trustees, employees and authorized agents for bodily injury, death, or property damage incurred by my child during or as a direct or indirect result of the participation of my child in the Junior Sailing Program of the Arundel Yacht Club, and hold the Arundel Yacht Club, its officers, trustees, employees and authorized agents harmless against any such bodily injury, death or property damage.

Permission is hereby given for emergency medical procedures to be administered if it should become necessary.

Parent/Guardian Signature	
Parent/Guardian Name (print)	Date: