

Arundel Yacht Club Junior Sailing Registration Form

2017

Sailor's Name	Age	Weight
Parent Name		Email Address
Preferred Daytime Phone Number		Home Address

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

<input type="checkbox"/> Session 1 June 26 - July 7	<input type="checkbox"/> Session 2 July 10 - July 21	<input type="checkbox"/> Session 3 July 24 - Aug 4	<input type="checkbox"/> Session 4 Aug 7 - Aug 18
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Select the Lesson Level.

<input type="checkbox"/> Opti 1A \$180 New sailors age 7 and up.	<input type="checkbox"/> Opti 1B \$180 Returning sailors that have completed a minimum of 2 sessions of Opti 1A.	<input type="checkbox"/> Opti 2 \$225 Sailors practice skills in the ocean in front of Gooch's Beach. Must be approved by AYC Head Instructor.	<input type="checkbox"/> 420s \$225 Sailors that have completed Opti 2 & older children without sailing experience.
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Please make checks payable to AYC Jr Sailing and mail to:

AYC  
PO Box 328  
Kennebunkport ME 04046

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 Signature:	Date:

EMERGENCY CONTACTS & MEDICAL INFORMATION

Sailor's Name:	
Known allergies:	
Current Medication List:	
1st Emergency Contact Name & Phone:	
2nd Emergency Contact Name & Phone:	
Physician's Name & Phone:	

**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.

**Sailor's Name**

Sailor's Name:	
Parent/Guardian Signature:	Date: