

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 24 - July 5	<input type="checkbox"/> Session 2 July 8 - July 19	<input type="checkbox"/> Session 3 July 22 - Aug 2	<input type="checkbox"/> Session 4 Aug 5 - Aug 16
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Select the Lesson Level.

<input type="checkbox"/> Beginner \$195 New sailors age 7 and up.	<input type="checkbox"/> Advanced Beginner \$195 Returning sailors that have completed a minimum of 2 sessions of Beginner class.	<input type="checkbox"/> Intermediate \$245 Children weighing more than 100 pounds with no sailing experience or sailors approved by AYC Head Instructor. Sailors practice skills in the ocean in front of Gooch's Beach.	<input type="checkbox"/> Advanced \$245 Sailors that have mastered the Intermediate class or capable 420 sailors. Basic racing skills introduced/practiced.
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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:

How did you hear about AYC's Sailing program?

News Ad Website School Notice Friend Other _____

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:	
Parent/Guardian Signature:	Date: