

# Rockland Community Sailing

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# 2012 YOUTH Sailing Registration

www.apprenticeshop.org

Student's Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Student's Cell Phone: \_\_\_\_\_ Student's Email: \_\_\_\_\_

School Name & Town: \_\_\_\_\_ Grade as of September 2012: \_\_\_\_\_

Previous Sailing Experience: \_\_\_\_\_ Swimming Level:  Minimum  Average  Excellent

Parent/Guardian Name(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Summer Address: \_\_\_\_\_ Winter Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Summer Cell Phone: \_\_\_\_\_ Winter Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Enclosed is my non-refundable deposit of \$25.00 for each program checked. ***\*The non-refundable deposit holds a student's place in the program. Full payment must be received by the start of the first class. If full payment is not received, the student cannot sail. Refunds (less the deposit) will only be made if the full program is canceled. No pro-rated, partial or daily payments. No refunds given once the program begins.***

I would like to pay in full. Enclosed is my check for \$ \_\_\_\_\_

Check here if applying for scholarship. Application deadline is June 1, 2012.

## SPRING YOUTH SAILING

### SPRING AFTERSCHOOL SAILING \$150

Mon & Wed for 5 weeks—April 30 — June 4  
(No class May 28) 3:30 to 5:30 pm  
Grades 4 through 8 No experience necessary

### SPRING HIGH SCHOOL SAILING TEAM \$175

Tues & Thurs for 6 weeks — April 10 — May 17  
3:30 to 6:30 pm Grades 7 through 12  
No experience necessary

## YOUTH RACE CLINICS

### YOUTH RACE CLINIC 1 \$100

Tues, Wed, Thurs (3 days) - July 10-12  
1:00 to 4:00 pm For intermediate 420 sailors

### YOUTH RACE CLINIC 2 \$100

Tues, Wed, Thurs (3 days) - July 31-Aug 2  
1:00 to 4:00 pm For intermediate 420 sailors

## FALL YOUTH SAILING

### FALL AFTERSCHOOL SAILING \$150

Mon & Wed for 5 weeks—Sept 10 — October 12  
(No class 10/8; last class Fri 10/12) 3:30 to 5:30 pm  
Grades 4 through 8 No experience necessary

### FALL HIGH SCHOOL SAILING TEAM \$175

Tues & Thurs for 6 weeks — Sept 11 — October 18  
3:30 to 6:30 pm — Grades 7 through 12  
No experience necessary

## SUMMER YOUTH SAILING

### YOUTH SESSION 1 — June 25—29 \$280

1 Week/Full day (Mon-Fri) 9:00 am to 4:00 pm  
All skill levels. For students age 8 to 18

### YOUTH SESSION 2 — July 2—13 \$280

2 Weeks/Mornings (Mon-Fri) 9:00 to Noon  
Beginners For students age 8 to 18 **No class July 4**

### YOUTH SESSION 3 — July 2—13 \$280

2 Weeks/Afternoons (Mon-Fri) 1:00 to 4:00 pm  
Intermediates For students age 8 to 18 **No class July 4**

### YOUTH SESSION 4 — July 16—20 \$280

1 Week/Full day (Mon-Fri) 9:00 am to 4:00 pm  
All skill levels. For students age 8 to 18

### YOUTH SESSION 5 — July 23—Aug 3 \$280

2 Weeks/Mornings (Mon-Fri) 9:00 to Noon  
Beginners For students age 8 to 18

### YOUTH SESSION 6 — July 23—Aug 3 \$280

2 Weeks/Afternoons (Mon-Fri) 1:00 to 4:00 pm  
Intermediates For students age 8 to 18

### YOUTH SESSION 7 — August 6—10 \$280

1 Week/Full day (Mon-Fri) 9:00 am to 4:00 pm  
All skill levels. For students age 8 to 18

### YOUTH SESSION 8 — August 13—17 \$280

1 Week/Full day (Mon-Fri) 9:00 am to 4:00 pm  
All skill levels. For students age 8 to 18

### YOUTH SESSION 9 — August 20—24 \$280

1 Week/Full day (Mon-Fri) 9:00 am to 4:00 pm  
All skill levels. For students age 8 to 18

Continues on reverse . . .

## MEDICAL & EMERGENCY INFORMATION

### Emergency Contacts (Will be called in the order listed)

	<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>	<u>Relationship</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Does the participant have any physical limitations, including eye glasses or hearing aides, that might prevent him/her from fully participating in the program? \_\_\_\_\_ No \_\_\_\_\_ Yes Please specify: \_\_\_\_\_

Current medications: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Office address: \_\_\_\_\_

**Please provide information on all medical condition(s) that our staff should be aware of, for example chronic ailments (such as asthma, heart problems, diabetes, etc.) and allergies (bee stings, foods, medications, etc.):** \_\_\_\_\_

## PARTICIPATION AGREEMENT, WAIVER & INDEMNIFICATION

I, \_\_\_\_\_, acknowledge and agree as follows with respect to the participation of myself/my minor child ("Participant") in the programs of The Apprenticeshop ("Shop"). In the event that I am signing with respect to a minor child, I certify that I am the legal parent or guardian of such minor child. I acknowledge that the following agreements shall be binding upon the Participant and shall inure to and be binding upon the Participant's heirs, guardians and assigns.

**Acknowledgement of Risk, General Waiver of Liability and Indemnification.** I acknowledge that participation in The Apprenticeshop programs involves substantial risk of severe and life threatening injury, and I hereby assume the risk of such injury to the Participant arising from participation in a Shop program. I waive, release and covenant not to sue with respect to any and all rights and claims that the Participant may have against the Shop, and the officers, directors, agents, employees, volunteers and sponsoring individuals and organizations thereof, arising out of the Participant's participation in a Shop program, including traveling to/from and participating in an event sponsored or sanctioned by the Shop. I further agree to indemnify and hold harmless the Shop, and the officers, directors, agents, employees, volunteers and sponsoring individuals and organizations thereof, for any costs, including legal fees, and any other expenses incurred in connection with any such right or claim.

**Adherence to Rules, Dismissal.** I agree that the Participant will abide by the rules of The Apprenticeshop and all instructions of staff/volunteers while on Apprenticeshop premises and at offsite events sponsored or sanctioned by the Shop and I acknowledge that failure to do so may result in dismissal from any/all Shop programs at the sole discretion of staff. No refunds will be given in the event of dismissal. I agree to reimburse to the Apprenticeshop the cost of repairing and/or replacing equipment damaged as a result of the Participant's failure to abide by the rules and/or the instructions of staff and/or volunteers.

**Photo Release.** I grant to The Apprenticeshop the right and permission to use, store, reproduce, and publish printed or electronic representations of the Participant's image, voice, and/or likeness. I waive any right to compensation with respect to the foregoing.

**Medical Treatment Authorization.** If the "Emergency Contacts" provided above cannot immediately be reached in the event of a medical emergency, I hereby authorize and consent to such medical treatment of the Participant as may deemed necessary or advisable by any person certified to perform CPR and/or any licensed EMT, nurse or doctor, or the staff of any licensed hospital or other medical facility. I certify that the medical information provided above is accurate and complete and I acknowledge that such medical information may be disclosed to parties providing medical treatment.

**Cancellation.** I acknowledge that weather, equipment failure or other unforeseen circumstances may interrupt or require the modification or cancellation of a program. I agree that staff may cancel any portion or all of any program at their sole discretion and no refunds will be given unless a program is cancelled in its entirety on or prior to the first day of the program.

**I certify that I have read and understand the foregoing. I acknowledge that The Apprenticeshop is granting the Participant the opportunity to participate in programming in reliance on the information provided and in consideration of the agreements contained herein.**

**Participant UNDER age of 18:** Parent/guardian signature: \_\_\_\_\_ Date \_\_\_\_\_  
Printed name of parent/legal guardian: \_\_\_\_\_

**Participant OVER age of 18:** Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed name: \_\_\_\_\_