

Application for the Yacht Club of Cape St. Claire's 2008 Youth Sailing Program

Please complete one set of forms for each child registered.

Additional forms can be downloaded from www.cscia.org or www.yccsc.org - Only 2008 forms will be accepted.
Information must be complete and must be accompanied by full payment to be considered.

NAME _____ BIRTHDATE _____ Age _____ Weight _____ SEX M F

ADDRESS _____

CITY STATE ZIP _____

- Cape Resident
- reside out of Cape/own property in CSC – provide CSC address _____
- out of Cape resident

NAME OF MOTHER/GUARDIAN _____

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____

NAME OF FATHER/GUARDIAN _____

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____

Sailing Experience:

WHERE _____ WHEN _____ RANK _____

Please indicate session(s) desired (may enroll child in more than one session).

	Session I June 30 – July 11	Session II July 14- July 25	Session III July 28 – Aug 8
Morning Pram			
Afternoon Pram			
Full Day Opti*			
420s			

* (instructor approval required)

Total number of children you are registering: _____

Total number of sessions in which you are registering each child: _____

If your first choice session is full, second choice _____

- 420 and Full day Opti classes are held Monday - Friday, 9 am - 4 pm (*no classes July 4th*)
- PRAM classes are held Monday – Friday 9 am – 12 noon (AM) **OR** 1 pm – 4 pm (PM)
- Students must be between the ages of 8 and 17 on September 1, 2008.
- Each student **must** be able to meet minimum swimming requirements: to swim the front crawl with shoes on for 25 yards (without flotation support or swimming aids), tread water for 1 minute, and to be able to put on a life jacket while in the water.
- Each student **must** provide a "Parent of the Day" for one full day or two half days per session. No sailing experience is necessary. **Do not register your child if you cannot fulfill this obligation.**

PLEASE COMPLETE OTHER SIDE

Registrar use only: Instructor FDO Approval _____
APP/08

Registration confirmation and an additional information packet will be mailed to you. Once acceptance has been confirmed, tuition may not be refunded if the student withdraws. Registration is nontransferable, and applies only to the student for which acceptance is granted.

Cost for Cape St. Claire Residents: \$275 per 2 week full day session
\$170 for 2 week 1/2 day Pram session

Cost for Non-Residents: \$375 per 2 week full day session
\$215 for 2 week 1/2 day Pram session

Note: A resident student includes a child, a foster child, a legal dependent, or a grandchild of an adult who is an owner of real property, or who has his or her permanent residence within the Cape St. Claire Special Benefit Tax District.

For All Students:

\$15 per textbook, *Start Sailing Right* (required). Textbook will be provided on the first day of class. Payment must be made when this application is submitted.

\$25 Pullover "hoodie" sweatshirt with Youth Sailing logo (optional, but cool). Sweatshirt will be given to students on first day of class if payment is made when applicant is submitted.

MAIL COMPLETED APPLICATION, WITH FULL PAYMENT TO:
YCCSC Youth Sailing
c/o David Alfera, Registrar
1190 Hampton Rd, Annapolis, MD 21409
Telephone contact: Mike Guerra – 410-349-9817

Payment Enclosed:

Tuition \$ _____

Textbook \$ _____

Please write number of desired hoodies after size

Youth Sizes: SM _____ MD _____ (Youth LG is same size as Adult SM)

Adult Sizes: SM _____ MD _____ LG _____ XL _____

Sweatshirt(s) \$ _____

Total enclosed: \$ _____ MAKE CHECKS PAYABLE TO: YCCSC

Applications will be considered ***in the order in which they are received by the Registrar***. 2007 CSCYC Youth Sailing graduates and Cape St. Claire residents receive registration preference through April 15th or until a session is full. Class size is limited, so early registration is recommended. If student is staying with someone else during the sailing program, please note below:

Name _____

Address _____

Phone Number _____ Relationship _____

**YCCSC Youth Sailing Program
Emergency Information and Release from Liability**

NAME _____ Birthdate _____ Sex M F

Street Address _____

City State Zip _____

Mother/Guardian _____

Home Phone _____ Work Phone _____

Father/Guardian _____

Home Phone _____ Work Phone _____

If parents cannot be reached in case of emergency, please contact:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Health Insurance Carrier _____

Group Name _____ Group Number _____

Insured's Name _____ Insured's SSN _____

Please list any problems of which the staff should be aware; i.e., allergies, medication, physical, learning, or emotional disabilities, etc.:

By my signature below, I release the Yacht Club of Cape St. Claire, Inc., the YCCSC Youth Sailing Program Committee, and their officers, members, instructors, and parent volunteers from any liability for any injuries (minor or life-threatening), accidents or death that may occur to my child during participation in the Youth Sailing Program or any authorized activity or regatta connected with the program. I have carefully read the foregoing and agree to comply with the terms.

Signature of Mother/Guardian & date

Signature of Father/Guardian & date

PLEASE COMPLETE OTHER SIDE

Medical Power of Attorney

Liability and Medical Release

I (We) the undersigned parent, parents or guardian of _____, a minor, understand that participation in this program is entirely at their own risk and that neither the YCCSC Youth Sailing Committee, Yacht Club of Cape St. Claire, chaperones, sponsors nor the organizing bodies or committees or individuals appointed or volunteering accept any liability for damage-material or personal- suffered during this program, and do hereby authorize and consent to any X-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act or on the staff of any acute general hospital holding a current license to operate a hospital from the State of Maryland Department of Public Health or from any other state. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

I (we) do hereby appoint Brad Hill, Head Instructor of the YCCSC Youth Sailing Program, or an instructor or adult member of the YCCSC Youth Sailing Program Committee who is designated by the Head Instructor, our true and lawful attorney in fact, with full power *in loco parentis*, to decide upon and consent to the rendering of any medical diagnosis and treatment, including surgery, which he or she deems in the best interest of the health and welfare of our child (or children),

(Insert the Name(s) of the Child (or children))

This power of attorney shall be effective during such period of time as we, or either of us, may for any reason not be available to give our consent to any medical diagnosis or treatment, including surgery, for our child.

This power of attorney shall not be affected by the disability of either or both of us, but shall continue in full force and effect during any such disability.

Executed this _____ day of _____ 20 _____

Signature of Parent or Guardian

Signature of Parent or Guardian

WITNESS:

Signature of Witness

Printed Name of Witness

Address of Witness

Parent of the Day

As stated, each student must provide a Parent of the Day (POD) for one full day or two half days per session per student enrolled. **If you enroll two children, your POD obligation will be two days.** No sailing experience is necessary. Please do not register your child if you can not fulfill this obligation. Parents of full day students may choose either one full day or two half days (indicate preference for AM or PM in the table below) per student. Parents of half day students must select one half day per student.

STUDENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME OF FATHER _____

Home phone _____ Work Phone _____

Email address _____

NAME OF MOTHER _____

Home phone _____ Work phone _____

Email address _____

SESSION DATE (S): _____

CIRCLE CLASS: AM Pram PM Pram Full Day Pram/Opti 420

Please indicate your POD preferences below. Indicate 1st and 2nd choices your session. **Fridays are a popular day and fill up quickly. If you choose a Friday, indicate alternative days.** You will be informed of your assigned dates by our Parent of the Day coordinator. Every effort will be made to work with you as to the days that fit best in your schedule, but we can make NO guarantees. Please return this completed form with your application.

Please provide POD dates for every session in which you have registered your child(ren). You must choose one day per session per child registered (i.e. one child in one session-one day in that session; two children in one session-two different days in that session; two children in two sessions-two POD days in each session).

Week 1: Write in preferred date(s) (do not just check box)

	Session 1		S1Alt	Session 2		S2 Alt	Session 3		S3 Alt
	AM	PM		AM	PM		AM	PM	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

Week 2: Write in preferred date(s) (do not just check box)

	Session 1		S1Alt	Session 2		S2 Alt	Session 3		S3 Alt
	AM	PM		AM	PM		AM	PM	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

YCCSC Youth Sailing Photograph Release

By signing this form, I hereby grant full and irrevocable consent to release, at any time, present or future, any voice recordings, photographs and/or video footage, for commercial and art purposes in any advertising, communication, publication or publicity, alone or with other persons, objects or text material, and either with or without name recognition.

Childs Name _____ Date _____

Parent Signature _____

Print Name _____