



Breakwater Yacht Club

A Community Sailing Center
P.O. Box 2601, 51 Bay Street, Sag Harbor, New York 11963
Phone 631-725-4604; fax 631-725-5590

2009 Junior Sailing Program Application /Liability Release Form

1 Week Sessions for students age 9 and up Monday – Friday beginning June 22- Aug 31:

BEGINNERS	9am-12 noon		\$285/week
INTERMEDIATE	1-4 pm		\$285/week
RACING Program	1-4pm	July 7- Aug 1	\$850 / 4 weeks
RACING Program	1-4pm	Aug 4- Aug 29	\$850 / 4 weeks or
(Racing Program still in formation as to dates)			\$1600 both sessions

Note: Racing students must be approved by Head Instructor

Name: _____ Age: _____

Winter Mailing Address: _____ Summer Mailing Address (for confirmation cards): _____

Home Phone: _____ Fax: _____

Parent Cell Phone: _____

Previous Sailing Experience: _____

Please enroll me for _____ week (s) of _____ (level) Sailing Lessons:

Starting Monday :	June 22	June 29	July 6	July 13	July 20	
(Circle dates)	July 27	Aug 3	Aug 10	Aug 17	Aug 24	Aug31

- *Jr. Sailing Scholarships -Please support a scholarship to BYC's Jr. Sailing Program. Each year, BYC raises funds to offer 60 scholarships to local area youth who could otherwise not afford to participate. Scholarships are awarded through local area schools, the Girl Scouts and Boy Scouts and the SH Youth Center. Your scholarship is 100% tax deductible; each scholarship is valued at \$285.00.*

RELEASE OF LIABILITY FOR PARTICIPATION, TRANSPORTATION AND MEDICAL PERMISSION WITH RESPECT TO BREAKWATER YACHT CLUB ACTIVITIES AND PROGRAMS:

I, the undersigned _____ parent _____ guardian _____ legal custodian of: _____ a participant in recreational activities and programs sponsored by the Breakwater Yacht Club (BYC) agree that in consideration of BYC allowing the Participant to participate in its activities, the undersigned releases and discharges BYC and other persons, including but not limited to, providers of private and public transportation, including persons using their own vehicles and their heirs, administrators, executors, successors and assigns from, and hold them harmless against any claims, actions, causes of actions, suits, damages, and liabilities of any nature whatsoever, arising out of the participants, participating in BYC activities and programs, including but not limited to, transportation of the Participant to and from other facilities by persons using their vehicles or hired or public transportation facilities.

DAMAGE RESPONSIBILITY

I the undersigned assume the obligation for the expenses of repair and/or replacement of the program equipment, the damage of which is attributable to my child's reckless or irresponsible behavior:

Signed: _____ Date _____

Parent or Legal Guardian

Please mail application and emergency contact/medical release forms along with your check (or credit card #) made payable to Breakwater Yacht Club to the post office box address above. Non – Refundable Payment in full is due when you register.

Check Number _____ \$ _____ Amount Enclosed_ or Credit Card Info:

Visa or Mastercard Number: _____

Name on card: _____

Signature: _____

- # of Scholarships Funded _____ Donation to Jr. Sailing _____



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2009 Junior Sailing Program

Medical/Emergency Form

To be returned by mail/fax or brought to the first class:

STUDENT

HOME PHONE

EMERGENCY NOTIFICATION (This part must be completed!):

In case of emergency please notify:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Doctor _____ Phone _____

Dentist _____ Phone _____

MEDICAL INFORMATION TO BE COMPLETED BY CHILD'S PHYSICIAN

(physician's standard camp form may be substituted):

1. Are the child's immunizations up to date? _____
2. Is the child allergic to anything, (medications, bee stings , etc?) _____
3. List any medications the child takes on a regular basis _____
4. List any diet restrictions _____
5. List any illnesses, injuries, and /or operations which would assume importance during participation in the Junior Sailing Program _____
6. In have examined _____ on _____ and find him/her to be in good health and able to participate fully in all physical activities:

Signed: _____
(signature) (Print Physician's Name)