

BREAKWATER YACHT CLUB COMMUNITY SAILING CENTER



PO BOX 2601
51 BAY STREET
SAG HARBOR, NY 11963
Sailingdirector@Breakwateryc.org

OFFICE: 631-725-4604
FAX: 631-725-5590

2017 JUNIOR SAILING PROGRAM APPLICATION/ LIABILITY RELEASE FORM

Options below, please check one:

1 Week Sessions for students age 7 and up Monday – Friday for weeks of June 26th - Aug 28th:

Check here:



BEGINNERS	9am - 12 noon	\$395/week	
INTERMEDIATE	1 pm - 4 pm	\$395/week	
RACING PROGRAM (AGES 9 AND UP)	1 pm – 4 pm	\$445/week	
CIT PROGRAM (PRE- QUALIFIED CANDIDATES)	ALL DAY	\$350/week	

4 Week Sessions for Students age 7 and up Monday - Friday, June 27th – July 18th or July 25th– August 15th:

BEGINNERS	9 am- 12 Noon	\$1185.00/ 4 weeks	
INTERMEDIATE	1pm- 4pm	\$1185.00/ 4 weeks	
RACING PROGRAM (AGES 9 AND UP)	1pm- 4pm	\$1335.00/ 4 weeks	
CIT PROGRAM (PRE-QUALIFIED CANDIDATES)	ALL DAY	\$1050.00/ 4 weeks	

Name: _____ Age: _____

Winter Mailing Address: _____

Summer Mailing Address: _____

Home Phone: _____ Fax: _____

Parent Cell Phone: _____ Email: _____

Previous Sailing Experience: _____

Please enroll me for _____ week (s) of _____ (Level - Beginner or Intermediate) Sailing Lessons:

Starting (Please circle one): June 26 July 3 July 10 July 17 July 24 July 31 Aug 7 Aug 14 Aug 21 Aug 28

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 facilitates. Photographs of sailors and participants may be used by Breakwater Yacht Club for promotional purposes.

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: _____ Please Print: _____ 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 only #: _____

Expiration: _____

Lifejackets will be provided for sailors if they do not have their own. It is advised that sailors bring a gear bag daily with the listed below equipment:

- Change of clothes
- Hat
- Sunscreen
- Water shoes or flip flops
- Sunglasses
- Sweatshirt
- Water Bottle
- Towel

For questions or concerns, please contact the Breakwater Yacht Club Sailing Director, Sean Elliott, at the clubhouse office number: 631-725-4604 or email: Sailingdirector@Breakwateryc.org

We look forward to seeing you at the club!

The BYC Junior Sail Team

Breakwater Yacht Club 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: Please indicate relationship

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: _____

(Physician's Signature)

(Print Physician's Name)

(Date)