

# BREAKWATER YACHT CLUB COMMUNITY SAILING CENTER



503.1


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

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

## 2018 JUNIOR SAILING PROGRAM APPLICATION/ LIABILITY RELEASE FORM

Options below, please check one:

### 1 Week Sessions

Check here: 

BEGINNERS	9 am - 12 pm	\$395/week	
BEGINNERS FULL DAY (Lunch not provided)	9 am - 4 pm	\$690/week	
INTERMEDIATE	1 pm - 4 pm	\$395/week	
INTERMEDIATE FULL DAY (Lunch not provided)	9 am - 4 pm	\$690/week	
RACING PROGRAM	1 pm - 4 pm	\$425/week	
RACING PROGRAM FULL DAY (Lunch not provided)	9 am - 4 pm	\$800/week	
CIT PROGRAM (PRE- QUALIFIED CANDIDATES)	9 am - 4 pm	\$350/week	

### 4 Week Sessions

BEGINNERS	9 am- 12 pm	\$1185/ 4 weeks	
BEGINNERS FULL DAY (Lunch not provided)	9 am - 4 pm	\$2070/ 4 weeks	
INTERMEDIATE	1 pm- 4pm	\$1185/ 4 weeks	
INTERMEDIATE FULL DAY (Lunch not provided)	9 am - 4 pm	\$2070/ 4 weeks	
RACING PROGRAM	1 pm- 4 pm	\$1275/ 4 weeks	
RACING PROGRAM FULL DAY (Lunch not provided)	9 am - 4 pm	\$2400/ 4 weeks	
CIT PROGRAM (PRE-QUALIFIED CANDIDATES)	9 am - 4 pm	\$1050/ 4 weeks	

BYC members with Family memberships receive a 10% discount on any option above.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

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

Parent Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

Please enroll me for \_\_\_\_\_ week (s) of \_\_\_\_\_ (Level – Beginner, Intermediate, choose from above) Sailing Lessons:

Starting (Please circle one): June 25 July 2 July 9 July 16 July 23 July 30 Aug 6 Aug 13 Aug 20 Aug 27

**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. 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](mailto: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 \_\_\_\_\_

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)