



Orleans Yacht Club, Inc.

P.O. Box 145 ~ 39 Cove Road ~ Orleans, MA 02653 ~ 508-255-9091
juniorsailing@orleansyachtclub.org ~ www.orleansyachtclub.org

2017 OYC Junior Sailing Program Application

PLEASE PRINT CLEARLY & FILL OUT APPLICATION COMPLETELY & RETURN ALL PAGES. KEEP A COPY FOR YOUR RECORDS

Enrollment is first-come, first serve basis! Incomplete applications cannot be processed guarantee enrollment. An application receipt confirmation will be sent to email address(es) listed. Please call (508) 255-9091 if you have any questions.

Student Name: _____ (_____)

Last First Middle Initial (Nickname) Male Female

_____/_____/_____/ _____ / _____ / _____

Birthdate (Month/Day/Year) Age as of June 1* Grade completed in June Current School

*Birth certificates for 8 yr olds required.

Parent/Legal Guardian Information:

#1 _____ / _____

First Name(s): Last Name Street & Mailing Address City, State, Zip

Cell Phone: Home Phone: Email Address:

#2 _____ / _____

First Name(s): Last Name Street & Mailing Address City, State, Zip

Cell Phone: Home Phone: Email Address:

_____/_____ / _____

Emergency Contact Name #1 Emergency Contact Cell Phone:

Student Summer Address:

_____/_____ / _____

Street & Mailing Address City, State, Zip Phone:

How were you referred to our program? _____ Are you related to an OYC member? Who? _____

CLASS DATES & FEES

Students ages 8-18 accepted. Two consecutive weeks strongly encouraged to maximize learning. Additional weeks may be added as available.

CLASS WEEKS: 06/26	07/03	07/10	07/17	7/24	07/31	8/07	8/14
Tuition Per week:	\$160.00						
Tuition Per week, for 4 or more weeks:	\$152.00						
Tuition Per week, for all 8 weeks:	\$144.00						
Race Team Additional 420 usage Fee (per week):	\$ 32.00						

**NOTE NEW 2017 CLASS SCHEDULE
CHANGES LISTED ON WEBSITE**

PRIVATE LESSONS: \$75/hour (by appointment for adults and/or children, contact Program Director to schedule)

_____ TOTAL TUITION AMOUNT (plus any applicable fees) **AFTER JUNE 5, TUITION DUE IN FULL WITH ALL APPLICATION(S)**

_____ PAID WITH REGISTRATION (Non-refundable registration fee of one (1) week tuition required)

_____ BALANCE DUE (balances due date will be provided in enrollment confirmation email)

Payment method: Check: _____ Check #: _____ (payable to Orleans Yacht Club) Cash: _____ Credit Card: _____ Online: _____

Card Number: _____ Expiration: _____ CSV: _____

Name on Card: _____ Billing Address: _____

Cardholder Signature: _____ (verbal card numbers not accepted for security reasons)

ONLINE PAYMENT OPTION: (orleansyachtclub.org/sailing/junior-sailing-program) Transaction ID #: _____ /Authorization Code # _____

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Student Name: _____ / _____
Last First

HEALTH INFORMATION

Current health exam record & immunization report signed & dated by health-care provider required with all applications*.

A MA Health Exam/ Immunization Form is available on our website if your child does not attend school in MA.

*If your child is not immunized, a copy of medical or religious exemption and a health exam report are required for enrollment.

1. Does the student have any known allergies to: food, latex, insects, environment, or medication? _____ YES _____ NO
If YES, describe: _____
The OYC cannot guarantee an environment free from allergens such as bees, tree/ground nuts, gluten, dairy, shellfish or fish.
2. Does the student have any physical health issues, asthma or chronic medical ailments/diseases/conditions? _____ YES _____ NO
If YES, describe: _____
3. Will any medications, inhalers or Epi pens be needed during class time? _____ YES _____ NO
If YES, list: _____
NOTE: IF YES, physician/parent authorization to administer prescribed medication form required with application.
4. Does the student have any activity restrictions? _____ YES _____ NO
If YES, describe: _____
5. Does the student have any emotional or social issues or concerns? _____ YES _____ NO
If YES, please share information about behavior, emotional or mental health issues about which the OYC should be aware (such as shyness, socialization difficulties, issues with stress, learning style, ADD/ADHD, etc). and will help us provide an appropriate learning environment.
6. **Medical Attention:** Should my child be in need of medical treatment, or have a medical emergency, all reasonable effort will be made to contact me and/or identified emergency contact. In the event I or they cannot be reached, I give permission for the OYC's Junior Sailing Program Staff to secure and administer medical treatment for my child including calling 911. **INITIAL _____ YES _____ NO**

GENERAL INFO & POLICY AGREEMENTS

1. **Certification of Swimming Skills:** I/We verify that my child is able to pass a basic swim skills test given on the 1st day of class (swimming unaided for a distance of ten yards and ability tread water without a PFD/life jacket). **INITIAL _____ YES _____ NO**
2. **Previous Sailing Experience:** Has the student previously sailed at the OYC? _____ YES _____ NO
If NO, does the applicant have previous sailing experience? Please describe: _____
3. **Photograph Release:** I agree that photographs/videos of my child may be used in the legitimate accounts & promotion of the program including social media & understand neither their identity nor personal information will be published. **INITIAL _____ YES _____ NO**
4. **Weather Cancellation Policy:** *Sailing in different weather conditions is an integral part of sailing and classes are conducted in the rain, so students are expected to attend classes and be dressed appropriately. When poor weather conditions occur, indoor sailing skills activities are put into practice. I/we understand that the OYC's Junior Sailing Program reserves the right to dismiss classes early due to severely inclement weather such as thunderstorm/lightning activity or high wind/wave conditions and that I/we will be called for an early pick-up time in that case. In the unlikely event of a full class cancellation, I/we understand that I/we will be notified by phone and that there will be NO make-up classes for cancellations.* **INITIAL _____ YES _____ NO**
5. **Refund Policy:** I understand that registration fees are non-refundable and no refunds issued after May 1 for any other payments made. All refunds are subject to a \$50 administration charge. The OYC does not issue refunds or credits toward future classes if student fails to arrive to class, becomes ill, is expelled from the program, for injuries sustained prior to the start of classes, or after they begin classes. **INITIAL _____ YES _____ NO**
6. **Self-Transportation:** My child (who IS 13 or older) has my permission to bicycle, walk or take public transportation to and/or from sailing classes or sailing activities. They agree to check themselves in and out of class with the Camp Director. **INITIAL _____ YES _____ NO**
7. **Contact:** I understand that sailing is a physical sport and that a certain amount of physical contact will necessarily occur between my child and other students and/or staff members during sailing lessons & demonstrations, equipment & PFD adjustments, application of sunscreen, first aid administration, etc. **INITIAL _____ YES _____ NO**

Q - Will the student be staying with someone other than a parent/legal guardian while enrolled? (if yes, complete below) INITIAL _____ YES _____ NO

Q - Do you authorize this person to pick-up and/or drop-off your child to sailing class and/or other sailing activities? INITIAL _____ YES _____ NO

Other First Name(s) _____ Other Last Name _____ Street & Mailing Address _____ City, State, Zip _____

Other Cell Phone _____ Email Address: _____

If there are specific people your child may NOT be released to, as an extra precaution, please inform the OYC in writing.

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Student Name: _____ / _____
Last First

STUDENT CODE OF CONDUCT:

By enrolling in the OYC's Junior Sailing Program, I will agree to follow the rules of the OYC's Junior Sailing Program and will engage in sportsmanlike conduct and appropriate behavior at all times. I will treat all OYC JSP staff, other JSP students, OYC Members, OYC property, equipment, and facilities with care and respect. I also understand the OYC has a zero tolerance policy for bullying, hitting, offensive or abusive language or behavior, weapons of any kind, drugs or alcohol while on OYC property. **STUDENT INITIAL _____ I AGREE**

PARENT/GUARDIAN AGREEMENTS:

Sailing is an active, outdoor, group experience which requires full and complete participation from all students. I understand that the OYC's Junior Sailing Program reserves the right to determine whether or not a child is able to meet the physical and emotional rigors of the program and understand that the program relies on the information contained in this application form, medical information and other forms provided on behalf of the child. The parent or guardian signing this document assumes all risk of loss arising from information that may not be accurate or complete and agrees to indemnify the Orleans Yacht Club, Inc., its officers, directors, staff and successors and assigns against all claims for loss, damage or injuries sustained to the child and relating to such incomplete or inaccurate information. I also understand that the OYC's Junior Sailing Program is not a therapeutic program or treatment center. **INITIAL _____ YES _____ NO**

I/we assume responsibility for the behavior and conduct of my child while participating in the OYC's Junior Sailing Program and confirm that I have reviewed the Code of Conduct above with my child. In the event of misconduct or other circumstances, the OYC's JSP reserves the right, at its sole discretion, to expel a student before the completion of their session for violations of the Code of Conduct. I will assume responsibility for any injuries, damages, expenses, or repairs which may result from my child's actions while enrolled in the program. **INITIAL _____ YES _____ NO**

PERMISSION TO PARTICIPATE:

The OYC's Junior Sailing Program staff members make every effort to conduct a safe program and risk management is an essential element as sailing activities may involve risks that children do not routinely encounter at home. While the program anticipates that these efforts will ensure the wellbeing of each child, the OYC is also aware that it is neither possible to foresee every contingency nor to eliminate all risk. I/we recognize and accept that an element of risk is involved with water sports and sailing, including but not necessarily limited to grounding, accidental jibes, man-over-boards, variations in wind and sea conditions, submersion in deep water, collisions with other watercraft, submerged obstructions and other hazards to navigation and equipment failures which may occur without warning. Other risks may be inherent in program activities. I/we grant full permission for my child to participate in the OYC's Junior Sailing Program, acknowledge that such risks exist, and I hereby agree on behalf of my child to assume such risks. I understand and agree that my child shares the responsibility for safety during OYC's JSP activities. **INITIAL _____ YES _____ NO**

LIABILITY RELEASE:

I/we hereby release, forever discharge, and will absolve, indemnify and hold harmless the OYC's Junior Sailing Program and the Orleans Yacht Club, Inc., its officers, directors, employees, volunteers and members from all liability, damages, claims or demands on account of injury to my child, whether caused by negligence, or otherwise, arising out of or in any way connected with the operation of the OYC's Junior Sailing Program, any activities on, or the use of, any facilities or equipment of the Orleans Yacht Club, Inc. I/we waive(s) any right that heirs, distributes, legal representatives, and assigns may have or acquire to make claim against, sue, attach the property of or prosecute the OYC's Junior Sailing Program or the Orleans Yacht Club, Inc. **INITIAL _____ YES _____ NO**

APPLICATION & PAYMENT: I understand if there is a balance due, if the application, health & immunization forms are incomplete or not submitted by the date noted in the confirmation email, my child may be unable to participate in the Program. **INITIAL _____ YES _____ NO**

PARENT/GUARDIAN SIGNATURE REQUIRED

I/we have read and accept all of the terms and conditions set forth on this application, and unless otherwise noted in writing, confirm all information is accurate. I/we have reviewed the Student Code of Conduct with my child.

Parent/Guardian #1 Signature: _____ Date _____

Parent/Guardian #2 Signature: _____ Date _____

**Health exam records & immunization reports signed & dated by health care provider
REQUIRED with all applications to process enrollment.**

Thank you for choosing the Orleans Yacht Club's Junior Sailing Program!

*****JSP Awards Night & Pot Luck Supper 08/19/17 6pm – 8:30pm*****

All students & their families welcome! ~ Email announcement will be sent 1st week in August ~ RSVP required

- CLASS DATES & TIMES:** Are listed on our website <http://www.orleansyachtclub.org/sailing/junior-sailing-program>
- TAX INFO:** Our tax id # is 04-2102842. The confirmation email and your cancelled check/credit card payment will be your receipt.
- CHANGE/ADD ENROLLMENT:** Please contact the OYC Office as soon as possible. Additional weeks may be added and preference is given to current students; however, we are unable to accommodate "day of" registrations and classes fill up quickly.
- EXTRA ACTIVITIES:** Yes! On Tuesday & Wednesday evenings. (details posted on website)
- JSP TEES & DECALS & LANYARDS:** Tees are \$20 & decals for \$3 & lanyards are \$3; please see a JSP instructor to purchase.
- LUNCH:** The OYC offers lunch items for sale between 11:30am-1:30pm. JSP students and their families are welcome!

The OYC complies with the regulations of the MA Department of Public Health and is licensed by the Orleans Board of Health. Parent/guardians may request verification of background checks, copies of health care and discipline policies as well as procedures for filing grievances from the OYC Office.