

Application for the Yacht Club of Cape St. Claire's 2010 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 current year 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 PARENT/GUARDIAN _____

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____

NAME OF PARENT/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 28 – July 9	Session II July 12- July 23	Session III July 26 – Aug 6
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
- 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, 2010.
- 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/10

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). Textbooks will be provided on the first day of class. Payment must be made when this application is submitted.

MAIL COMPLETED APPLICATION, WITH FULL PAYMENT TO:
YCCSC Youth Sailing
c/o Shelley Greenhouse, Registrar
1149 Ramblewood Dr, Annapolis, MD 21409
Telephone contact: 410-757-7931

Payment Enclosed:

Tuition \$ _____
Textbook \$ _____

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

Applications will be considered ***in the order in which they are received by the Registrar.*** 2008 YCCSC Youth Sailing graduates and Cape St. Claire residents receive registration preference through April 1st or until a session is full. Class sizes are limited: We have three prams (3 AM and 3 PM spots per session), seven Opti spots per session, and nine 420s (not more than 15 beginner/intermediate spots and 8 advanced spots per session) in a community of 2400 homes. Do the math. Prompt submission of registration forms is highly recommended (however new non-resident applications will not be processed until April 1).

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 _____

Parent/Guardian _____

Home Phone _____ Work Phone _____

Parent/Guardian _____

Home Phone _____ Work Phone _____

If parent/guardian 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 _____

Policy Number _____ Insured's Name _____

Last 4 digits of Insured 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 Parent/Guardian & date _____ | _____
Signature of Parent/Guardian & date

Effective Dates: _____

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 _____

Effective dates for this document:

Beginning _____

Ending _____

Signature of Parent or Guardian

Signature of Parent or Guardian

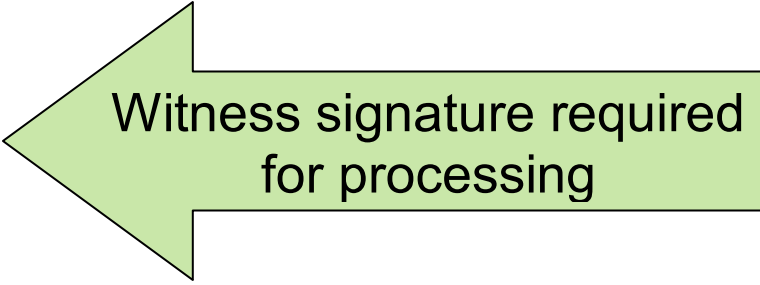
WITNESS:

Signature of Witness

Printed Name of Witness

Address of Witness

MPA/10



Parent of the Day

As stated, each student must provide a Parent of the Day (POD) per session per student enrolled. **If you enroll two children, your POD obligation will be two shifts.** Parents of full day students may choose either one full day or two half day shifts (indicate preference for AM or PM in the table below) per student. Parents of half day students must select one half day shift per student. Parents of Opti and Advanced 420 must select a Regatta POD assignment. No sailing experience is necessary. Please do not register your child if you can not fulfill these obligations.

STUDENT'S NAME _____

ADDRESS _____

CITY STATE ZIP _____

NAME OF Parent/Guardian _____

Home phone _____ Work Phone _____

Email address _____

NAME OF Parent/Guardian _____

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).

Regatta Parents: check here  and see next page.

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									

Regatta POD selections:

Session 1: June 28 – July 9

July 6 Tuesday West River Sailing Association, Galesville
July 8 Thursday SSA Sandy McVicker, Eastport
Opti Parents (5-7)
Advanced 420 Parents (1-3)
Boat Towers x 4
Sailor transportation

Session 2: July 12 – July 23

July 13 Tuesday Gibson Island (no towing)
July 15 Thursday Corsica River (possible)
July 22 Thursday Rock Hall (Opti Green Fleet only)
Opti Parents (5-7)
Advanced 420 Parents (1-3)
Boat Towers x 4
Sailor transportation

Session 3: July 26 – August 6

July 29 Thursday Indian Landing Boat Club
August 4 Thursday Gibson Island (Opti Green Fleet only)
Opti Parents (5-7)
Advanced 420 Parents (1-3)
Boat Towers x 4
Sailor transportation

Possible regattas after program ends (check w/Brad for details)

August 9 Monday Miles River YC
August 10 Tuesday Tred Avon YC
August 21/22 Sat/Sun SSA
September 4 Sat/Sun West River Sailing Association Opti's Sat. only
September 12 Saturday Pumpkin Patch Rock Hall
October 9/10 Sat/Sun Opti Atlantic Coast Tred Avon
October 23/24 Sat/Sun Halloween Howl AYC

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 _____