

WIANNO YACHT CLUB

2017 JUNIOR SAILING PROGRAM – REGISTRATION FORM

IF YOU ARE REGISTERING MORE THAN ONE STUDENT, PLEASE COMPLETE A SEPARATE FORM FOR EACH STUDENT.

BOTH PAGES (REGISTRATION AND RELEASE FORM) MUST BE COMPLETED IN FULL.

BEFORE SUBMITTING PAYMENT, PLEASE USE THE PAYMENT WORKSHEET (1 PER FAMILY)

Are you a member of the Wianno Yacht Club? Yes No

If you are not a member, but registering a grandchild of a member; Grandparents name: _____

REGISTRATION INFORMATION

Student Name: _____ Birth date: _____ Age on 9/1/16: _____
 Summer Address: _____ City/State: _____ Zip: _____ Tel: _____
 Winter Address: _____ City/State: _____ Zip: _____ Tel: _____
 Father's name: _____ Daytime phone: _____ Cell: _____
 Mother's name: _____ Daytime phone: _____ Cell: _____
 E-mail address: _____ (Email will be our primary form of contact during registration and for program information updates throughout the summer)

EMERGENCY CONTACT INFORMATION

If you cannot be reached at the phone numbers above, please indicate a relative or friend that can authorize and consent to necessary emergency medical treatment:

Name	Relationship	Phone
A.) _____	_____	_____
B.) _____	_____	_____

MEDICAL INFORMATION

Doctor/Clinic: _____ Phone: _____

Below please check any that apply and provide details below for any condition that we should be aware of:

eyeglasses contact lenses hearing aid asthma/allergies epilepsy
 circulatory/heart condition diabetes/hypoglycemia hemophilia/bleeding condition
 attention deficit disorder other condition: _____

Please list any medications the student is currently taking: _____

CLASS SCHEDULES & FEES

Class descriptions available at: www.wiannoyc.com as well as the program brochure. For questions in regards to your child's placement, email, **Pete Creedon at dennis.creedon@gmail.com**

PLEASE CIRCLE THE APPROPRIATE CHOICE FOR SAILOR

Session I: June 26th – July 21st

Session II: July 24th - August 18th

****There will be a sailing assessment during the first week of the 420 Race Program to confirm class placement. Only sign up for the 420 team if your child is prepared for this class. Note: There will be fees for events. There will be a \$300.00 refundable damage deposit for use of club owned 420s.**

Class:	Mini Mariners <i>Th & F 1:30-4</i>	Little Mariners <i>T&Th 9:30-11</i>	Seamen <i>M,W,F: 9-12</i>	Mates <i>T & Th: 9-12 F: 1-4</i>	Ensigns <i>M,W,F: 9-12</i>	Skippers <i>T & Th: 9-12 W: 1-4</i>	Messing About in Boats (MAB) <i>M, T, F: 1-4</i>	Opti JRT <i>M-Th: 1-4</i>	Opti. RT <i>M, W 1-4 T, Thu 12-5</i>	420 RT <i>M, W 1-4 T,Th 12-5</i>
Session 1 Members	\$588	\$588	\$588	\$588	\$588	\$588	\$638	NA	NA	NA
Non- Members	\$669	\$669	\$669	\$669	\$669	\$669	\$709			
Session 2 Members	\$588	\$588	\$588	\$588	\$580	\$588	\$638	NA	NA	NA
Non- Members	\$669	\$669	\$669	\$669	\$660	\$669	\$709			
Both Sessions Members	\$588	\$588	\$1176	\$1176	\$1176	\$1176	\$1276	\$1650	\$1650	\$1750
Non-members	\$669	\$669	\$1338	\$1338	\$1338	\$1338	\$1418	\$1840	\$1840	\$1940

EMERGENCY TREATMENT AUTHORIZATION

I / We, the undersigned parent, parents or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any physician licensed in the Commonwealth of Massachusetts. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide the authority and power to render care where the aforementioned physician in the exercise of his/her 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.

Signature of parent or legal guardian

Date

Medical Insurance Company

Policy Number

RELEASE

I, the undersigned parent/guardian, recognize that all water sports, including sailing, entail the risk of bodily injury and damage to property. Therefore, to induce the Wianno Yacht Club to accept my child or ward into the Junior Sailing Program, I hereby release and agree to hold harmless and indemnify the Wianno Yacht Club, together with its officers, directors, employees and agents, from any and all liabilities, claims, losses, costs, and damages arising out of or in any manner related to any injury suffered by my child/ward, as well as any damage to property, caused by or occurring in connection with my child/ward's participation in the Wianno Yacht Club Junior Sailing Program or use of any facilities or equipment of the Wianno Yacht Club.

Signature of parent or legal guardian

Date

Printed Name

CERTIFICATION OF SWIMMING SKILLS

I/We, the undersigned parent, parents or legal guardian of _____, a minor, do hereby certify that our child can swim unaided for 200 feet and tread water for two minutes at the completion of the 200 feet swim.

Signature of parent or legal guardian

Date

Printed Name

PARENTAL AGREEMENT - BEHAVIOR AND CONDUCT

I/We understand that I/We are responsible for our child's behavior and conduct while at the Wianno Yacht Club and will see to it that our child/children adheres to the program's rules. I/We agree to assume the obligation of expense or repair and/or replacement of program equipment that is attributed to our child's reckless or irresponsible behavior and the expense of medical care if our child is injured.

Signature of parent or legal guardian

Date

PAYMENT WORKSHEET

Please fill out one per family and send registration materials, payment worksheet, and check of the appropriate amount to:

**Wianno Yacht Club
C/O Bottomline Bookkeeping
110 Breeds Hill Road Unit 7
Barnstable, MA 02601**

Junior Sailor(s) Name(s): _____

If your sailor(s) is/are on the 420 Team will he/she be using a private boat? ___Yes ___No

***** Discount for 420 sailors who sail their own boat in practice: \$ 700 (both sessions)**

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My Check is enclosed

I would like to pay online