



CAMDEN AREA YOUTH SEAMANSHIP PROGRAM



at Camden Yacht Club, P.O. Box 204, Camden, Maine 04843

Registration 2019

Please use one **Registration Form**, one **Medical Form**, and one **Indemnity Form** for each child. Fill in completely.

Sailor's Name _____ Date of Birth _____ Age as of 6/24/19 _____

Winter Mailing Address _____

Summer Address (if different) _____

Local Contact (if other than parent) _____ Phone # _____

Parent/Guardian #1 _____ Email _____

Phone (h) _____ (w) _____ (c) _____

Parent Guardian #2 _____ Email _____

Phone (h) _____ (w) _____ (c) _____

Is sailor a child or grandchild of a CYC member? _____ Member's Name _____

Instructions: Refer to www.camdenyachtclub.org for class descriptions.

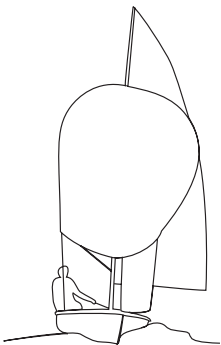
Indicate your class choice(s) by placing an X in the appropriate boxes.

Mail forms with check for full amount to **CAYSP, Camden Yacht Club, P.O. Box 204, Camden, ME 04843**

Note: Start and end dates are firm. 2-week sessions may not be split. [redacted] no classes offered

	6/24 - 6/28	7/1 - 7/5	7/8 - 7/12	7/15 - 7/19	7/22 - 7/26	7/29 - 8/2	8/5 - 8/9
Scuppers M-F 9:00 - 11:00, 1 wk only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beginning Sailing M-F 8:30 - 11:30	<input type="checkbox"/>	2 week session		<input type="checkbox"/>	<input type="checkbox"/>	2 week session	
Solo Sailing M-F 8:30 - 11:30	<input type="checkbox"/>	2 week session		<input type="checkbox"/>	<input type="checkbox"/>	2 week session	
Ocean Explorers M-F 11:30-3:30 1 wk only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Girls Leadership M-F 9-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
420 Green Fleet M-F 8:30-11:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opti Green Fleet Team M-F 1:00-4:00	<input type="checkbox"/>	<input type="checkbox"/>	2 week session		2 week session		<input type="checkbox"/>
Opti Race Team M-F 1:00 - 4:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
420 Race Team M-F 1:00 - 4:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAYSP's mission statement supports all applicants regardless of ability to pay. If you plan to apply for financial aid, please download the scholarship form from the CYC website, and check here.



Scuppers Class	\$125 per week =	
Beginning Sailing	_____ weeks x \$165 per week =	
Solo Sailing	_____ 2-wk session @ \$330 per session =	
Morning 420 Green Fleet	_____ weeks x \$175 per week =	
Ocean Explorers	\$225 per week =	
Girls Leadership	\$300 per week =	
All afternoon Opti & 420 classes	_____ weeks x \$175 per week =	
Subtotal		
4 weeks or more, subtract 10%		
Optional tax-deductible donation to CAYSP		
Please make check payable to CAYSP	TOTAL	

CAYSP/CYC Emergency/Medical/Release Form 2019

Today's date: _____

IMPORTANT: Please use one Medical/Emergency/Release Form for each sailor. Please complete as accurately as possible and return with your child's Registration Form. Our staff and EMT's will use this information in the case of an emergency.

Sailor's Last Name _____ First Name _____ Date of birth: _____

birth _____

Name	Relation to sailor	Daytime phone	Alternate Phone

Child's Physician _____ Phone: _____

Child's Dentist _____ Phone: _____

Can your child swim? Yes No

PLEASE LIST ANY MEDICAL CONDITIONS OF WHICH THE SAILING STAFF SHOULD BE AWARE. Examples may include (but are not limited to): allergies, vision or hearing disabilities, physical handicap, chronic ear infections, epilepsy, circulatory, respiratory or heart problems. _____

PLEASE LIST ANY MEDICATIONS CURRENTLY BEING TAKEN: _____

Is there any medical reason that your child would not be able to participate in the full range of activities offered by Camden Area Youth Seamanship Program at Camden Yacht Club? **YES** **NO**

PHOTO RELEASE: I hereby give CAYSP, their assigns, licensees, successors in interest, legal representatives and heirs the irrevocable right to use my name (or fictional name) picture, portrait, or photography in all forms and media in all manners including composite or manipulated representations, for advertising or any other lawful purposes, and I waive my right to inspect or approve the finished version(s) including written copy that may be created and appear in connection therewith.

REFUND POLICY: A full refund will be granted if notice is given to the CAYSP director **two weeks or more prior** to the start of your class. A 50% refund will be given if notice is inside of two weeks of the start of your class. Exceptions will be granted for valid medical reasons.

Signed: (Parent or Guardian) _____ **Date** _____

Enrollment and participation in any CAYSP program is contingent upon, and subject to, your acceptance of the terms and conditions set out in the attached agreement: "STATEMENT OF UNDERSTANDING / EMERGENCY TREATMENT AUTHORIZATION / INDEMNITY" which must be signed and returned before your enrollment and registration takes effect.

FOURTH OF JULY BOAT PARADE: for **ALL** AM and PM students: 8:30-11:30. Parents 10:00 AM, CYC lawn.

AWARDS NIGHT for CAYSP participants and their families will be on Friday, August 9, 2019 at 5:00 p.m.

CAMDEN AREA YOUTH SEAMANSHIP PROGRAM
STATEMENTS OF UNDERSTANDING / EMERGENCY TREATMENT AUTHORIZATION / INDEMNITY

I (print name) _____ the parent/guardian of _____, a minor child, certify that the above information is current and correct and that I have the authority to enroll him/her as a student in the Camden Area Youth Seamanship Program (CAYSP) at Camden Yacht Club (CYC) in Camden, Maine. By signing below, I indicate my understanding that participating in the Camden Area Youth Seamanship Program involves a risk of injury, and that my child will abide by the **Code of Conduct for CAYSP Students** as posted on the CYC website, www.camdenyachtclub.org. I have read and reviewed the **Code of Conduct** with my child. I understand that horseplay and careless behavior in and around CYC will not be tolerated. I further understand that if my child does not comply with the **Code of Conduct**, or acts in such a way as to put themselves, any other child, or any of the equipment in jeopardy, he/she will be subject to suspension from the sailing program and/or barred from the grounds of the club.

I agree to pay for damage to any property, whether owned by the CYC, CAYSP, or by a private party, that is caused by my child's carelessness or willful misconduct. In consideration of the provision of sailing lessons and recreational activities provided to _____, my child or children, and use of the property and equipment of Camden Area Youth Sailing Program (CAYSP & CYC), and other good and valuable consideration, the receipt of which is hereby acknowledged, I hereby indemnify and hold harmless CAYSP & CYC from any and all liability, loss, or damage my child or children may suffer as a result of claims or demands, costs, judgments or attorney's fees, arising from the following:

1. My child's use of CAYSP's or CYC's personal property
2. Any travel, leisure, sporting or recreational activities, of whatever nature, organized, supported, recommended, or sponsored by CAYSP or CYC; and
3. The acts or failure to act of CAYSP or CYC or its agents, employees, other participants, or other business invitees which causes any loss or damage, including personal injury or death, to my child or children.

Camden Yacht Club and CAYSP, their Directors, instructors and volunteers accept no liability for damage, material or personal, occurring during sailing session hours or at any other time.

I authorize the staff of CAYSP and/or the Camden Yacht Club to obtain emergency or medical treatment for the participant named above in the event of a medical emergency.

I also grant permission for the sailor named above to participate in occasional **field trips** during sailing program hours. I declare that he/she is physically and mentally able to take part in these programs.

Signature _____ Date _____