

East Chop Yacht Club
P.O. Box 525, Oak Bluffs, MA 02557
2017 Junior Sailing Program Registration Form

As space is limited, please return this form as soon as possible to assure your child a place in the program and to facilitate our planning. All students must be 8-17 years old. NO CHILD WILL BE ALLOWED IN THE PROGRAM WITHOUT THE SIGNED PARENTAL PERMISSION BELOW.

1. STUDENT INFORMATION:

Name _____ Age _____ Date of Birth _____

Winter Address _____

Parent's Email _____ Home/Cell # _____

2. COST: Individual Student \$115 per week.

3. PROGRAM DATES: M-F June26-30/ July3-7/July10-14/July17-21/July24-28/July31-August4, August7-11.

4. SAILING LEVEL & DATES ATTENDING:

	Dates	Amount Enclosed
_____ Beginner/Novice (Optimist) 9-11am	_____	
_____ Intermediate/Senior (Optimist/420) 11am-1pm	_____	
_____ Advanced (420) 2-4:30pm	_____	\$ _____

5. MEMBERSHIP: Only family members of the ECBC or guests of ECBC members may enroll. As the guest of a member, my child is sponsored by: _____.

6. SAILING SKILL LEVEL: On the back of this form, please give a brief description of your child's prior sailing experience so that their skill level may be best matched to our program. A student may be moved among the levels based on the sailing staff's evaluations.

7. SAFETY: All students enrolled in the sailing program will be expected to pass a swimming test and must wear a USCG approved life vest and boat shoes when on the water. Individual purchase of a life vest is recommended. MEDICAL ISSUES: It is important to know if your child has any special medical needs we should be aware of. Please advise the staff.

8. CERTIFICATION: This application is made with the understanding that the Sailing Staff or a Flag Officer of ECYC has the right to dismiss any child enrolled in the program if it is deemed in the best interest of the child or the ECYC. In that case, there will be no refund of the registration fee.

9. PERMISSION: I hereby grant permission for _____ to become a member of the ECYC sailing program. I assume responsibility for him/her/them during the program and relieve the ECYC of any responsibility in the case of injury and/or accident occurring during the program.

(Parent or Guardian Signature)

Printed Name