

2019 Summer Sailing Program at East Chop

Dear Sailors and Parents,

This summer the East Chop Yacht Club will provide a sailing program, five days a week, Monday through Friday, for seven weeks from Monday, July 1st through Friday, August 16th.

To participate, your child must be between the ages of eight and seventeen years old and be able to pass our swimming test. We realize that many children are not here for the entire summer, but we suggest, that to get the most out of the program, you should enroll your child for a minimum of two weeks. Yacht club membership is not required to enroll your children, but if you are not a beach club member, sponsorship as a guest is required. **Our lesson fees are \$120 per week per child.**

The children begin sailing in Optimist prams. As they gain more confidence and experience, they graduate to the more competitive racing 420's. We try to keep our program affordable for everyone. A detailed program description is available upon written request and may also be obtained from our sailing masters.

Please send to us your application and the required fees as soon as possible. Space is limited by the number of available trainer boats we have in the program. Our boat house will be open and our sailing masters available to answer any individual questions from Monday, July 1st before the beginning of classes. Please send completed application and your check to PO Box 525, Oak Bluffs, MA 02557. **The yacht club phone number is 508-696-7716.** Please call us at this number, not the beach club number. **If you have any questions before the opening of our boat house, you can also reach me by my winter phone at 609-799-0700, or on East Chop: Page Stephens at 508-693-0532**

Sincerely,

Henry W. Jeffers
Sailing Director

PS: Please take your time in filling in completely your winter address section and email address of the sailing application. We need this information for next years mailing list.

EAST CHOP YACHT CLUB
P.O. Box 525, Oak Bluffs, MA 02557

Summer Junior Sailing Program
2019 Registration Form

Please return this form as soon as possible to assure your child a place in the program and to facilitate our planning, space is limited. All students must be between the ages of 8-17 years. **Complete details are contained in our program guide available upon request. Mail completed application and check to PO Box 525, Oak Bluffs, MA 02557.**

Student's Name: _____ Age ____ Date of Birth _____

Winter Address: _____

Parent's Email: _____

Parent's Cell#: _____ Emergency #: _____

1. SUMMER PROGRAM: 7 Weeks -Monday, July 1st through Friday, August 16th.

Check	Type	Dates	Cost per Week: \$120
___	Beginner /Novice (Optimist)	_____	\$-----
___	Intermediate /Senior (Optimist/ 420)	_____	\$-----

2. MEMBERSHIP:

Anyone enrolled in the program must be family members of the East Chop Beach Club or Guests of members. As a Guest of a member, my child's application is sponsored by _____

3. SAILING SKILL LEVEL:

On the back of this form please give a brief description of your child's prior sailing skills so their skill level maybe best matched to the program. It is understood that the Sailing Masters reserve the privilege to move students between the programs in accordance with their skill level.

3. SAFETY:

All students enrolled in the sailing program will be expected to pass a swimming test or produce a certificate from the water safety staff of the East Chop Beach Club.

LIFE VESTS: All children in the sailing program must wear an USCS approved life vest whenever sailing, as well as boat shoes. Individual purchase of a life vest is recommended.

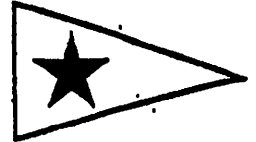
MEDICAL NEEDS: In the event of an emergency, it is important to know if your child has any special medical needs. Please request a medical form if this is a consideration.

4. CERTIFICATION:

This application is made with the understanding that the Sailing Masters or a Flag Officer of ECYC has the right to dismiss any child enrolled in the Summer Sailing Program if it is deemed in the best interest of the child or the East Chop Yacht Club. No refund of the registration fee will be given.

I hereby grant permission for _____ to become a member of ECYC Summer Sailing Program. I assume responsibility during sailing lessons and relieve the East Chop Yacht Club of any responsibility in the case of injury and/or accident occurring during the sailing program.

(Parent or Guardian)



Medical Information and Emergency Treatment Authorization

Minor child's name: _____

Address: _____

Day-Time Phone to use for emergencies: _____

Local Physician : _____ Phone: _____

MEDICAL NEEDS: It is important to know if your child has any special medical needs (such as allergies, sun sensitivity, other) or fears. Please describe.

TREATMENT AUTHORIZATION: I/we, the undersigned parent, parents or legal guardian(s) of the minor named above do hereby authorize and consent to such medical or dental treatment, services or care that is necessary or appropriate in the event of emergency, including the selection of medical personnel and facilities and transportation or transfer to such facilities or in connection with such services and do consent to such corrective or diagnostic surgery as a duly licensed physician and or dentist may determine to be necessary for the life or well-being of the named minor child.

It is understood that reasonable effort will be made to contact me/us prior to rendering any treatment, but that treatment will not be withheld if I/we can not be reached. This authorization is given to provide authority and power to render care which a licensed physician or dentist in the exercise of his/her best judgement may deem urgently required.

Signature (s) of parent, parents, or guardian(s): _____ Dated: _____

Name Printed

Name Printed