

EAST CHOP YACHT CLUB

P.O. Box 525, Oak Bluffs, MA 02557

Summer Junior Sailing Program 2018 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 2nd through Friday, August 17th.

Check	Type	Dates	Cost per Week: \$115
___	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.

Signature of Parent or Guardian _____ Date _____
Printed Name of Parent or Guardian _____