Castine Yacht Club
2011 Junior Sailing Program Registration Form

Child's Name: _____ Age: _____
Date of Birth: _____
Parent's Name: _____

Local Address: _____
_____ Telephone: _____
Winter Address: _____
_____ Telephone: _____

Weeks of Lessons: Town Recreation: (please check)

June 20-24	_____		
June 27-July 1	_____	July 25-29	_____
July 4-8	_____	August 1-5	_____
July 11-15	_____	August 8-12	_____
July 18-22	_____	August 15-19	_____

Parents are CYC Family Members_____ Child is CYC Junior Member _____
Parents or grandparents are CGC Members _____ or are not members of CGC _____

Sailing Lesson Fees: No charge for children (8 years +) of YC Family members; $25/week for Junior YC members (after $50 CGC fee – once for all three activities --plus $100 season or $75 partial season YC fee); $50 per week for children or grandchildren of CGC members; $65 per week for children of non- members. Day Sails are open to all students taking lessons that week beyond the Apprentice level.

Sailing experience of child: _____
Rowing experience of child: _____
Swimming ability of child: _____

Health/Medical Information:
Does your child have any allergies or other conditions that the instructors should know about? Yes _____ No _____ If yes , please describe:
_____
Please list and describe any medication your child is presently taking _____
_____
Emergency Contact if parents/guardians are not available:
Name: _____ Telephone: _____
Family Doctor: _____ Telephone: _____
I give my permission for my child to receive emergency medical treatment if in the opinion of the staff of the Yacht Club it is needed and none of the above named can be contacted at the time of the emergency.
Parent's/Guardian's signature: _____ Date: _____
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The undersigned parent/guardian of the above named child understands that the junior sailor is participating in the Castine Yacht Club Junior Sailing Program at his or her own risk, and hereby releases the Club (CGC & CYC), its members, agents and employees from all actions, causes of action, damages, claims or demands which may arise against such parties for any and all personal injuries caused by or resulting from participation in the program.
Parent or Guardian's signature: _____ Date: _____