

Castine Yacht Club
2008 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 : June 23-27 _____
(please check) June 30-July 4 _____ July 28- Aug 1 _____
July 7-11 _____ August 4-8 _____
July 14 -18 _____ August 11-15 _____
July 21 - 25 _____ August 18-22 _____

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;
\$20/week for Junior YC Members; \$45 per week for children or grandchildren of CGC Members;
\$60 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: _____

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: _____