

**Castine Yacht Club**  
**2010 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 21-25 \_\_\_\_\_  
(please check)      June 28-July 2 \_\_\_\_\_      July 26- 30 \_\_\_\_\_  
   July 5- 9 \_\_\_\_\_      August 2- 6 \_\_\_\_\_  
   July 12 - 16 \_\_\_\_\_      August 9 -13 \_\_\_\_\_  
   July 19- 23 \_\_\_\_\_      August 16- 20 \_\_\_\_\_

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 \$25 CGC fee – once for all three activities --plus \$90 season or  
\$60 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: \_\_\_\_\_