



# Shrewsbury Sailing and Yacht Club 2011 Junior Sailing Program Application

## REGISTRATION

Class sizes are limited so please register early.

Check off the session(s) for your sailor, and combine the fees together for each sailor.

The lesson requested is subject to the final approval of the Head Instructor and Program Chair.

Written confirmation, waivers and medical forms must be filled out and returned before the first day of lessons.

Passing a swim check at SSYC is required of all sailors on or before the first day of sailing.

No lessons July 4th or the week of the Junior Sweepstakes Regatta - scheduled for August 8th – 11th.

Sailors are encouraged to participate in the Junior Sweeps Regatta (Additional Registration required)

SSYC reserves the right to change courses due to enrollment and boat types used for instruction without notice.

Refunds requested prior to June 1 will be honored, subject to a \$50 processing fee.

Mail each individual sailor's application, waiver, etc. and payment to SSYC for the full amount to:

Mr. Michael J. Meehan  
SSYC Junior Program Chair  
12 Sherwood Road  
Little Silver, NJ 07739

Questions about the programs or forms?  
Please call the Junior Chair at (732) 219-5917 or  
E-mail [mikemeehanssyc@gmail.com](mailto:mikemeehanssyc@gmail.com)  
SSYC Website: <http://www.ssydc.us/>

## GENERAL INFORMATION

Parent's / Guardian's Name(s)			Home Phone Number
Home Address			Primary Email Address
City	State	Zip	Secondary Email Address

## CONTACT INFORMATION

Parent's / Guardian's Name	Work Phone	Cell Phone
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Additional Contact Name	Work Phone	Cell Phone
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## SAILOR INFORMATION

Sailor's Name	Date of Birth	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Previously Sailed at SSYC? Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Skill Level of Sailor? Beginner <input type="checkbox"/> Interm. <input type="checkbox"/> Advanced <input type="checkbox"/>	Years of Lessons?	Type of Boat Sailor Owns?	
Are You or the Family a Member of SSYC? Yes <input type="checkbox"/> No <input type="checkbox"/>			

## SELECT LESSON(S)

### Mini Camp Session – (Introduction to Sailing) -1 Week

Mini-Camp Session (June 20–June 24) Introduction to Sailing (Beginners 8 years old to 15 years old)	Choose Your Session Morning <input type="checkbox"/> 8:30 – 12:00 or Afternoon <input type="checkbox"/> 1:00 – 4:30	Tuition and Charter Boat Information \$200.00 Members \$250.00 Non Members <b>Boat Charter Fee is Included!</b>
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### Summer Sessions

Novice Session (July 1-August 6) <i>New for 2011</i> Introduction to Sailing (7 years old entering 2 <sup>nd</sup> Grade only)	Choose Your Session Wed <input type="checkbox"/> 10:00 – 11:30	Tuition and Charter Boat Information \$150.00 Members \$225.00 Non Members <b>Boat Charter Fee is Included!</b>
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Beginner Sessions (June 27-Aug 19)	Choose Your Session	Tuition and Charter Boat Information
Beginner A (M & W AM)	Mon & Wed <input type="checkbox"/> 8:30 – 12:00	\$275.00 Members \$550.00 Non Members <b>Boat Charter fee applies.</b>
Beginner B (T & Th AM)	Tues & Thur <input type="checkbox"/> 8:30 – 12:00	
Beginner C (Fri. AM) “Optional” Must be enrolled in A or B)	Friday <input type="checkbox"/> 8:30 – 12:00	\$75.00 Members \$100 Non Members <b>Boat Charter Fee is Included above!</b>

Intermediate Sessions (June 27-Aug 19)	Choose Your Session	Tuition and Charter Boat Information
Intermediate A (M & W PM)	Mon & Wed <input type="checkbox"/> 1:00 – 4:30	\$275.00 Members \$550.00 Non Members <b>Boat Charter fee applies.</b>
Intermediate B (T & Th AM)	Tues & Thur <input type="checkbox"/> 1:00 – 4:30	
Intermediate C (Fri. PM) “Optional” Must be enrolled in A or B)	Friday <input type="checkbox"/> 1:00 – 4:30	\$75.00 Members \$100 Non Members <b>Boat Charter Fee is Included above!</b>

Advanced Sessions (June 27-Aug 19)	Choose Your Session	Tuition and Charter Boat Information
OPTI (Full Day)	Tues & Thur & Fri <input type="checkbox"/> 8:30 – 4:30	\$400.00 Members \$650.00 Non Members <b>Boat Charter fee applies.</b>
Laser & 420 (Full Day)	Mon & Wed & Fri <input type="checkbox"/> 8:30 – 4:30	
OPTI (Half Day)	Tues & Thur & Fri <input type="checkbox"/> 8:30 – 12:00	\$350.00 Members \$600.00 Non Members <b>Boat Charter applies.</b>

**Note: Race Team Sessions are offered only if there is sufficient participation. SSYC reserves the option to adjust Race Team tuition rates based upon participation levels, or to cancel Race Team Summer Session entirely. Sailors enrolled in a cancelled Race Team session will be transferred to our Advanced Sessions, and tuition rate will be adjusted or refunded, prior to beginning of Summer Session.**

Race Team Sessions (June 27-Aug 19)	Choose Your Session	Tuition and Charter Boat Information
OPTI	To Be Determined by Coach <input type="checkbox"/>	\$550.00 Members \$750.00 Non Members <b>Boat Charter fee applies.</b>
420	To Be Determined by Coach <input type="checkbox"/>	

### BOAT CHARTER INFORMATION FOR YOUR SAILOR

Boat Charter fee applies if any of your sailors will be using a SSYC boat for the summer session ( <b>Note: Not applicable to mini camp session and novice summer session</b> ) The fee is <b>\$247</b> for the first sailor and <b>\$127</b> for each additional sailor (includes state tax). Sailor owned OPTI's, Laser's, and C420's may be used in the Junior Program.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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### ADD UP TUITION & CHARTER FEES FOR YOUR SAILOR

Mini-Camp Fee (if applicable and includes charter fee)	\$
Summer Session Lesson (please see the fee schedule and combine on one line)	\$
Summer Session Charter fee for sailor ( <b>\$247</b> for the first boat, <b>\$127</b> for each addn'l boat chartered - includes tax) – no fee required for Mini Camp or Novice Sessions	\$
Mandatory Late fee <b>after June 1</b> is <b>\$75</b> and will be strictly enforced.	\$
<b>Total Tuition &amp; Fees for Sailor</b>	<b>\$</b>

# Shrewsbury Sailing & Yacht Club 2011 Junior Sailing Program Application

## PERMISSION AND CONTRACT

*This form must accompany the application.*

<b>Print Participant Name (the "Sailor")</b>

I, as the Parent or Guardian of the Sailor, give permission for him/her to participate in the Shrewsbury Sailing and Yacht Club Junior Sailing Program. I understand that he/she is to bring and wear the proper safety equipment at all times. I also agree to make restitution to the Club for any damages the Sailor is responsible for due to neglect, abuse or misuse. I have discussed and explained this form to my child. I understand that my child and I are expected to follow the rules of the program. I understand that decisions on whether "On Water" classes leave the docks are solely at the discretion of the Instructors.

<b>Parent / Guardian Name</b>	<b>Signature</b>	<b>Date</b>

I, the Sailor, agree to obey all of the rules for the Junior Sailing Program and the directions of the Instructors, Parent of the Day, Officers and Board Members, on the docks and on the water, on land, in the Yacht Club buildings and while at "off river" events where an SSYC instructor is present or I am representing SSYC.

I understand that courtesy, respect for others, their property and good behavior is required at all times.  
 I will always try to act in a sportsmanlike manner.  
 I will be considerate in both success and failure.  
 I will represent SSYC and myself to the best of my abilities.  
 I understand the basic rules and agree to follow them. I understand that if I fail to follow the rules, I will face the consequences of my actions, may be disciplined and ultimately may be asked to leave the program if I fail to keep this contract.

<b>Participant Name (the "Sailor")</b>	<b>Signature</b>	<b>Date</b>

## LIABILITY WAIVER & RELEASE

I, as the Parent or Guardian of the Sailor, understand that sailing involves the risk of personal injury and property damage. In consideration of him/her being allowed to participate in the Shrewsbury Sailing and Yacht Club Junior Program, I agree to waive and release the Shrewsbury Sailing and Yacht Club, including its members, instructors, volunteers, officers, directors and employees, from any and all liability and claims arising out of his/her attendance and participation in the Junior Program. I further agree to defend, indemnify and hold harmless the Shrewsbury Sailing and Yacht Club, including its members, instructors, volunteers, officers, directors and employees from any and all claims, demands, expenses and liability, whether for personal injury, death, property damage or otherwise, which is caused by the Sailor or which in any way relates to or arises out of his/her participation in a Junior Program function or activity. I, as the Parent or Guardian of the Sailor, consent that photographs of my child may be used by Shrewsbury Sailing and Yacht Club, on the SSYC website <http://www.ssy.com>.

<b>Parent / Guardian Name</b>	<b>Signature</b>	<b>Date</b>

# Shrewsbury Sailing & Yacht Club 2011 Junior Sailing Program Application

## MEDICAL CONSENT & EMERGENCY INFORMATION

*This form must accompany the application.*

Each participant must complete and sign a copy of this form. Please fill it out completely. Incomplete forms will not be accepted.

<b>Print Participant Name (the "Sailor")</b>

### IN CASE OF EMERGENCY CALL

Parent's/ Guardian's Name	Home Phone	Work Phone	Cell Phone

In the event of accident or injury to any child of mine (specifically including my child if named above as the "Participant") or in the event of illness of myself, my spouse or any child of mine while in, on or about the premises of the Shrewsbury Sailing and Yacht Club or while participating in any activity sponsored by or under the auspices of the Shrewsbury Sailing and Yacht Club under circumstances where I am physically unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to my said children of such medical care, attention and treatment by any hospital, physician or physicians as such hospital, physician or physicians may deem necessary or advisable.
2. I authorize the any officer, staff member or member of the Shrewsbury Sailing and Yacht Club to consent to such medical care, attention or treatment.
3. I agree to pay all costs of such medical care, attention or treatment and to hold free and harmless of and from any and all liability for such cost the Shrewsbury Sailing and Yacht Club, including the staff, volunteers, officers and members.

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist duly licensed or of any hospital holding a current operating certificate issued by the appropriate State's Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

<b>Parent / Guardian Name</b>	<b>Signature</b>	<b>Date</b>

# Shrewsbury Sailing & Yacht Club 2011 Junior Sailing Program Application

## MEDICAL INFORMATION

*This form must accompany the application.*

**Please Note:** SSYC will do its best to ensure confidentiality, however it cannot guarantee confidentiality of medical information divulged by the participant nor can SSYC be held responsible for problems and subsequent complications that arise if information is withheld due to privacy concerns.

<b>Print Participant Name (the "Sailor")</b>

<b>Physician's Name</b>	<b>Physician's Phone</b>

<b>Health Insurer</b>	<b>Policy Number</b>

### Medical Information

Please check all that apply and provide any additional information below:

Chronic Ailments/Limitations		Allergies	
Asthma or Respiratory Issues	<input type="checkbox"/>	Latex	<input type="checkbox"/>
Diabetes or Hypoglycemia	<input type="checkbox"/>	Food	<input type="checkbox"/>
Hemophilia or other Blood Problems	<input type="checkbox"/>	Bee, Wasp Other Stings	<input type="checkbox"/>
Circulatory or Heart Problems	<input type="checkbox"/>	Do You Carry an Epi-Pen?	Y/ N
Epilepsy or Seizures	<input type="checkbox"/>	Other	<input type="checkbox"/>
Glasses or Contacts	<input type="checkbox"/>	Other	
Hearing or Vision Issues	<input type="checkbox"/>	Other	
Other	<input type="checkbox"/>	Medications (Please List)	<input type="checkbox"/>

### Medication Information

Daily Medications and Dosage if Any	
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### Additional Information


<b>Parent / Guardian Name</b>	<b>Signature</b>	<b>Date</b>

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## CREDIT CARD TRANSMITTAL FORM

Credit Card Type:    \_\_\_ VISA            \_\_\_ MasterCard    \_\_\_ Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CCV Number: \_\_\_\_\_ (The last three digits on the back of the card)

Amount to be charged: \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder address:

Street: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address (If different from cardholder address):

Street: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **SSYC Privacy Notice**

SSYC will offer payment of your expenses by credit card (Visa, MasterCard and Discover Card). We will not be using card readers but instead we will be entering the required information directly into our QuickBooks On-line accounting system. That means the credit card does not need to be physically present to authorize the transaction. Instead, the information is obtained from you by mail-in-form or phone. Required information for processing includes your member name and address, the name on the card and card number, the billing address for the card and the expiration date including the four digit security number or CVV. You can assume this information will be noted prior to entry into QuickBooks. Much of this information is required by the merchant banking arm of QuickBooks to process a verification check against the card issuer's records and to safeguard against fraudulent use.

We will use this information once and only once. When the transaction is completed through QuickBooks the paper record of your card details will be shredded. We will not save this information for future transactions. As a result, you will need to submit this data each time you use a credit card at the Club.

Access to QuickBooks is limited to three trained and authorized members of the Board of Governors who are tasked with protecting your privacy and processing all financial information for the Club. These people comprise the Financial Committee and include the Treasurer, Financial Secretary, and Junior Program Financial Officer. Finally, we will not share any of your personal information with third parties under any circumstances. Our objective is to provide you with the peace of mind knowing that the security of your personal information is a top priority.