

Sandusky Junior Sailors, INC.

165 East Washington Row
Sandusky, Ohio 44870

2008 Registration

Dear Parent and Potential Student,

The Learn to Sail Program is again being taught at the Sandusky Sailing Club this summer. The sessions offered this year are as follows:

Session I (Beginner/Intermediate)

June 16-27

9 a.m. - Noon or 1p.m. - 4 p.m.

Session II (Beginner/Intermediate)

June 30- July 11 (no class July 4th)

9 a.m. - Noon or 1 p.m. - 4 p.m.

Session III (Beginner/Intermediate)

July 21-25

9 a.m. - Noon or 1 p.m. - 4 p.m.

Session IV: (Intermediate/Advanced)

July 28- Aug 1

All Day Session 9 a.m. - 4 p.m.

All sessions are for children 7 years of age and older with beginner-to-intermediate level experience. Session IV will include an advanced class. The Program Director and Instructors will assess student ability and will separate the students into a beginner group and an intermediate group according to skill level and ability. Beginner instruction will focus on water safety skills, rigging and derigging boats, nautical terms, knots, and elementary sailing skills. In the intermediate class, the emphasis will be on building the child's confidence in boathandling skills, including "skipping" the boat, learning sail trim, learning the sailing and racing "rules of the road" and an introduction to racing. Students are invited and encouraged to participate in as many sessions as possible. Registration for each class will be limited to 25 students and will be accepted on a first come first serve basis except in Session IV where pre-registration is required.

Life jackets will be worn at all times when on or near the water. There will be a swimming test given by the instructors on the first day of class. All students must know how to swim with and without a life jacket. Here are some helpful hints to make this a successful learning experience for your child.

Prompt arrival and pick up will be expected. Our instructors cannot be responsible for watching participants prior to or after class times.

Pay attention to the weather and send your child dressed accordingly. Proper attire should include a swimsuit and closed toed shoes. Also, needed every day will be a towel, a change of clothes, a sweatshirt or light jacket, life jacket, hat, and sunscreen. It is highly recommended that sunscreen be applied to all areas not covered by your child's bathing suit before he/she leaves home. Classes will be held indoors if necessary due to inclement weather.

Tee shirts and certificates will be awarded to students who successfully complete the program. Indicate on the application sheet your child's size (adult sizes only).

If there are any questions, please call :

Mike Austin @ 330-351-0340

or email at:

sailfast30@yahoo.com

Stacy Brinker @ 419-621-5600

or email at:

brinker.s@sbcglobal.net

SANDUSKY JUNIOR SAILORS, INC.
2008 Registration Form

Child's Name _____ Parent's Name _____

Address, City, Zip _____

Phone Number you can be reached at **while your child is at SSC** _____

Cell/Home or Other Phone _____ E-mail address _____

In the event that reasonable attempts have been made to contact any of the numbers listed above, please call:

Name _____ Phone Number _____

Child's prior sailing experience, if any

Please note you will not receive confirmation of Registration. Registration is complete when the following have been delivered prior to June 2, 2008 to:

Sandusky Junior Sailors, Inc. PO Box 814 Sandusky, Ohio 44870

_____ This registration form, properly completed

_____ Properly completed and signed Emergency Medical Form

_____ Check in full amount made out to:
Sandusky Junior Sailors, Inc.

_____ Properly initialed and signed consent,
Waiver of Liability, Assumption of
Risk and Indemnity Form

Please fill out the information below.

Circle Tee Shirt Size: S, M, L, XL (Adult sizes only)

Circle the session(s) your child will be attending:

- | | |
|--|--|
| 1. Session I (June 16 - June 27)
\$140.00 AM PM | 2. Session II (June 30- July 11)
\$140.00 AM PM |
| 3. Session III (July 21 - July 25)
\$70.00 AM PM | 4. Session IV (July 28- August 1)
\$140.00 All Day Session
Pre-Registration Required |

SANDUSKY JUNIOR SAILORS, INC. **EMERGENCY MEDICAL AUTHORIZATION**

Student _____ Age _____ Grade in Fall _____

Address _____ Phone _____

Father _____ Usual time of work _____

Place of Employment _____ Phone _____ Ext. _____

Mother _____ Usual time of work _____

Place of Employment _____ Phone _____ Ext. _____

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while participating in the Sandusky Junior Sailors, Inc. Learn to Sail Program.

PART I OR PART II MUST BE COMPLETED

PART I - TO GRANT CONSENT

In the event reasonable attempts to contact either parent listed above or:

1. _____
Name Relationship Phone No.

2. _____
Name Relationship Phone No.

have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by:

Dr. _____ (preferred physician) or

Dr. _____ (preferred dentist), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; or (2) the transfer of my child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentist, concurring in the necessity for such surgery, is obtained prior to the performance of such surgery.

Date _____ Parent Signature _____

MEDICAL HISTORY:

Facts concerning my child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted (i.e., medical problems, learning problems, known allergies):

Date of Last Tetanus Shot: _____
DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II - REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the instructors to take no action or to:

Date _____ Parent Signature _____

SANDUSKY JUNIOR SAILORS, INC.
LEARN TO SAIL
2008

PARENT'S CONSENT AND RELEASE

The undersigned parents or legal guardians (hereinafter referred to in the singular) of (hereinafter referred to as the "child"), request that the child be allowed to participate in the 2008 Learn to Sail Program (the "activities") sponsored by the Sandusky Junior Sailors, Inc., Sandusky Sailing Club and Sadler Sailing Basin (hereinafter referred to as the "sponsors").

In return for the child being permitted to take part in the activities and to use the facilities and property of the sponsors each of us makes the following promises and warrants the truth of the following facts:

1. I am familiar with the programs included in the activities, and I understand officers and employees of the sponsors are available to discuss the activities if I should wish additional information. I also understand I am solely responsible for the arrival and departure of my child at the beginning and end of each day's program. I will not allow my child to remain on the premises of the sponsors after each day's program without appropriate supervision or the written permission of the sponsors. I agree the sponsors will have no responsibility for the supervision of my child at times other than during the scheduled activities.
2. I will inform my child that he/she is expected to cooperate with, and follow the directions of, the persons in charge of the activities and to act in a manner consistent with the spirit of good sportsmanship, safety, and respect for the rights of others. Failure to cooperate and/or follow directions could result in disciplinary action, including removal from the program with no refund. Potentially dangerous actions on the part of any student will not be tolerated.
3. My child is in good health, and I know of no reason why he/she would be incapable of participating in the activities. My child knows how to swim. I will immediately notify the head instructor if a change in my child's health or other condition would affect my child's ability to participate in the activities.
4. Waiver of Liability: I waive and release any right I, or my heirs and assigns may have or acquire to make a claim against, sue, attach the property of, or prosecute the sponsors or any of their members, directors, officers, agents, employees and affiliated organizations (herein referred to as "the releasees") for monetary damages caused by injury to my child or damage to the property of my child or myself arising from my child's participation in the activities and use of the facilities and property of the sponsors whether or not the injury or damage results from the negligence or other action, except intentional acts, of any of the releasees.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES A RELEASE OF LIABILITY.

Parent Signature

Parent Signature

[Print Name]

[Print Name]

Date _____

Date _____