

SATUIT BOAT CLUB

Junior Sailing Program 2016 – Registration

Please return this individual registration with your check by May 1st (or pay a \$50 per student late fee) Class slots will be assigned on a first paid, first served basis with a completed registration and health certificate only. Members will receive priority registration and preference for class slots.

Please refer to information displayed in the Jr. Sailing Program section located at www.satuitboatclub.net before registering to assure your child is properly enrolled. Our goal is to place students according to both age and experience. We will make all efforts to keep the posted schedule, but final schedule depends on final registration and class size.

This year, classes will commence Monday June 27th and run through Friday August 12th (schedule may shift 1 week based on when Scituate schools end).

Turn About Classes

Beginer Turn About	A beginner sailing program based in turnabouts instead of optis, great for kids who are a little nervous about sailing in a boat by themselves, ages 6-9. This program teaches the basics of sailing in a Turnabout. This class includes basics such as points of sail, parts of the boat, rules of the road, sailing upwind, downwind and reaching. This class can act as a prerequisite for Opti 2 or the Advanced class (depending on age and sailing proficiency.)	For young beginner that want to learn sailing	6-9
Intermediate Turn About	This class is for the older kids who are proficient sailors however not racing-inclined, ages 9+. This class works to teach the finer points and nuances of sailing for recreational utility. Opti 2 and Beginner Turnabout are all considered prerequisites for this class.	For Older kids that want learn sailing	10+

	<u>Description</u>	<u>Who should pick this class</u>	<u>Age</u>
Begin Opti	For the beginner sailor, ages 6-9. This class introduces your child to the basics of sailing and the Optimist sailboat. This class includes basics such as points of sail, parts of the boat, rules of the road, sailing upwind, downwind and reaching and is meant to be a prerequisite for Opti 2.	New Sailors/Turn About Sailors who want to move up	7-12
Intermediate Opti 2	For kids who have already had a year or two's experience in an Opti, ages 9-10. This class builds upon the basic sailing skills learned in Opti 1 while adding in new, more complex skills such as start sequences, code flags and other beginner racer skills. This class is meant as a prerequisite to Opti Race.	Second year Opti Sailors	8-12
Opti Race Team	For kids who have successfully completed Opti 2 and want to continue on to competitively race Optis, ages 10-12. This program is meant to hone the racing skills taught in Opti 2 while promoting a competitive racing atmosphere throughout the season. The goal of the class is for each student to become a successful Opti racer. All students in this class must sail in at least 2 regattas over the summer. This class is the prerequisite for Intro to 420	Kids that want to race	9-12
420 Intermediate	This class provides an introduction to the 420 class boat, generally ages 13+. All students in this class must be proficient sailors. This class is meant to introduce students to the 420, teach both skipper and crew skills and introduce the racing aspects to a double-handed sailboat. This class must be taken to move on to 420 Race Team. (Note: children ages 11 and 12 can take this class if they are too big for optis).	Kids who have sailed for a couple year and are ready for a high performance boat	11+
420 Race Team	Fine tuning the skills learned in Intro to 420 as they pertain to competitive 420 racing, ages 12+. This class is designed with a primary focus on regattas and racing in order to keep you child on the fast track to becoming a strong and competitive sailor. Every student must compete in a minimum of 2 regattas.	Experience 420 Sailors who want to race	12+

Registration Form

CHILDS NAME: _____

Sponsor Name (non-member) _____

***Please check appropriate class selection below**

Class	Days	Member Rate	Non Member Rate
2 Day Beginner Turnabout	Mon & Wed 8:30 -11	___\$300	___\$375
2 Day Beginner Turnabout	Tues & Thurs 8:30 -11	___\$300	___\$375
2 Day Intermediate Turnabout	Mon & Weds 1:30-4	___\$300	___\$375
2 Day Intermediate Turnabout	Tues & Thurs 1:30-4	___\$300	___\$375
2 Beginner Opti	Mon & Wed 8:30-10:30	___\$450	___\$750
2 Beginner Opti	Tues & Thurs 8:30-10:30	___\$450	___\$750
2 Intermediate Opti	Mon & Wed 10:30-12;30	___\$450	___\$750
2 Intermediate Opti	Tues & Thur 10:30-12:30	___\$450	___\$750
4 Day Opti Race Team	Mon,Tu,Wed,Thur 1:30-4:30	___\$950	___\$1500
2 Day Intermediate 420	Mon & Weds 9:30-12:30	___\$600	___\$850
2 Day Intermediate 420	Tues & Thurs 9:30-12:30	___\$600	___\$850
4 Day 420 Race Team	Mon,Tu,Wed,Thur 1:30-5:00	___\$1150	___\$1650

Subtotal _____

Late fee (\$50 after May 15th) _____

Total _____

Mail Registration and Checks To:

Chris Graff

55 Barker Rd.

Scituate, MA 02066

****Checks payable to Satuit Boat Club****

**** ONE REGISTRATION FORM PER Sailor****

SATUIT BOAT CLUB

Junior Sailing Program 2016 – Sailor Information

Sailor Name ----- Current Age -----

Date of Birth ----- Shirt Size ----- (Pls specify youth or adult)

Parent or Guardian ----- Telephone: -----

E-mail: -----

Permanent Address ----- Telephone: -----

Local Address ----- Telephone: -----

E-mail: -----

Sailor's swimming ability: (check one)

____Excellent ____Adequate ____Beginner ____Non-swimmer

Has your sailor had formal swimming instruction? _____

If yes, what level was completed? _____ When? _____

Red Cross? _____ Other? _____

Has your child had sailing exposure? _____ In what class sailboat? _____

Handled the tiller? _____ Solo Experience? _____

Please describe child's previous sailing experience on the back of this form. Feel free to also provide any other information you would like us to know.

PLEASE COMPLETE ONE FORM FOR EACH SAILOR

SATUIT BOAT CLUB

Junior Sailing Program 2016 – Permission

Name of Sailor

PERMISSION AND INDEMNITY

I give permission for my child, named above, to participate in any and all Satuit Boat Club Junior Sailing Program activities. I understand that the activities may include swimming, sailing, team sports, automobile travel and other activities, which create some risk of injury.

In consideration of the opportunity for my child to participate in the program, I, for myself and on behalf of my child, release the Satuit Boat Club, its members, employees, volunteers, trustees, and officers and the owners and operators of sailboats and other water craft, and the owners and lessees of land where program activities may occur, from liability for any personal injury, bodily injury, property damage, and loss of any kind (including attorney's fees) occurring to my child in connection with my child's participation in the sailing program. I also agree to indemnify the same persons and organizations from all liability for any personal injury, bodily injury, property damage, and loss of any kind (including lawyer's fees) caused to or by my child.

Date_____

Signature of Parent or Guardian

Printed Name of Parent or Guardian

PARENT AUTHORIZATION FOR EMERGENCY HOSPITALIZATION AND SURGERY

I give permission for such diagnostic, therapeutic and operative procedures to be performed by a duly licensed physician or surgeon as the said doctor shall have deemed necessary for my child, with the understanding that no operation will be performed except in extreme emergency without a reasonable effort on the part of the Satuit Boat Club to contact the responsible parent or guardian by telephone or other expedient means.

Date_____

Signature of Parent or Guardian

Printed Name of Parent or Guardian

PLEASE COMPLETE ONE FORM FOR EACH SAILOR

SATUIT BOAT CLUB

Junior Sailing Program 2016 – Medical Form

Sailor's Name _____ Date of Birth _____ Sex _____

In the event of an emergency, notify:

First Contact: Name _____ Relationship: _____ Home
phone _____ Work Phone _____ Other Phone _____

Second Contact: Name _____ Relationship: _____ Home
Phone _____ Work Phone _____ Other Phone _____

Health Insurance Carrier: _____ Member Name: _____

Sailor's ID #: _____

Allergies _____

Special medical problems/medications _____

Other Considerations _____

Vaccine Inoculation Date Booster Date

Measles _____

Mumps _____

Rubella _____

Polio (1) _____

(2) _____

(3) _____ (4) _____

DPT (1) _____

(2) _____

(3) _____

Separate Tetanus _____

PHYSICIAN'S CERTIFICATE

I certify that _____ has received a physical examination within one year prior to participation with the SBC Junior Sailing Program. Any conditions that would preclude or limit this sailor's participation are listed above.

Physician's Signature _____ Date _____

Physician's Name: _____

Address: _____

Phone: _____

PLEASE COMPLETE ONE FORM FOR EACH STUDENT

This must accompany the Registration Form – No Registrations are complete without it!