



WICKFORD SAILING ASSOCIATION, INC.

P.O. Box 352, No.Kingstown, RI 02852

website: www.wickfordyc.org
email: Wickford.Sailing@gmail.com

Junior Sailing Program Registration 2011

ALSO See Sailing Program General Information Sheet and Class Schedule for days and times, other information, contacts and Fees.

IMPORTANT: New & returning NON-Racer sailors Orientation Meeting is Thursday, June 16th at 7pm at the Wickford Yacht Club, RACER Orientation Meeting is Thursday, June 23rd at 6pm at the WYC and you are welcome to bring your own dinner.

General Instructions: Complete one application per student. You will be notified if the desired class is full. Space is Limited.

Payment: A \$300 deposit is required with application. Any Balance is due by Orientation. See Fees for late fee and cancellation policy. Checks should be made payable to the WICKFORD SAILING ASSOCIATION, INC.

Return registration with payment, to WSA, c/o **Kathy Brown, 160 Prospect Ave., North Kingstown, RI 02852.**

Any questions? call 401-294-2525 or e-mail: wickfordbrowns@earthlink.net.

Applicants for the Junior Sailing Program agree to abide by the Rules of the Wickford Yacht Club. *US Sailing membership is required for Racers who sail in any level of a U.S. sailing-or NBYA sanctioned event and is included in the registration fee. New US Sailing members will receive a rule book. If you do not want to race in regattas you may deduct \$20 from applicable racing fee (see below). NBYA membership will be required at a later date. All sailors are required to bring a Coast Guard approved life jacket, see General Information for other details.

REGISTRATION: Student's Name: _____ Age _____ Date of Birth _____

Parent's Name: _____ Telephone(s) _____

Address: _____ Cell phone(s) _____

Tee Shirt (all participants receive 1; extras \$10): Youth M or Adult: S M L XL Work phone(s) _____

Email(s) Family & Sailor (if applicable): _____

Emergency Contact(s) _____ Relationship _____ Tel(s) _____

Prior Instruction? Yes _____ No _____ Level Achieved _____

Location of Previous Training (if not Wickford Sailing Assoc.) _____

CLASS/FEES: (indicate choice(s), see schedule of fees: _____ Early Discount (prior to May 1) (-\$10): _____

Beginner 4 weeks _____ **or 8 weeks Beginner** _____ **Intermediate** _____ **Intro. Racing** _____

If Beginner, flexible in scheduling? _____ or select Beginner1 (M,T,W) _____ or Beginner2 (M,W,F) _____

If 4 wks: 1st session June 27 - July 22 or 2nd session July 25 - August 19 Parent Volunteer? _____

RACERS: Optis* New _____ **or Returning** _____; **Laser*** _____ **420 Racer*** _____ preference: _____ Crew _____ Skipper

Optional Laser Rack Storage Fee (+\$65) _____ *Racers NO US Sailing (-\$20) _____

Racers: Please use other side to briefly list experience in regattas, type of boat, fleet, race venues to assist with placement.

AUTHORIZATION FOR MEDICAL TREATMENT

I/we hereby authorize any necessary emergency medical treatment which may be required in my/our absence to protect the life and health of the above-named student. **Please note any special medical or allergy problems, or any learning disability.**

Health Insurance Carrier _____ **Mem. #** _____

MEDICAL NOTES: _____

PARENT(S)/GUARDIAN(S) RELEASE OF LIABILITY

I/we, the undersigned, hereby release, absolve and hold harmless the Wickford Yacht Club, the Wickford Sailing Association, Inc. and its members and/or agents and officers from any and all liability which may arise out of personal injury or death to the above-named student, and agree to hold the Wickford Yacht Club, Inc. and the Wickford Sailing Association, Inc., its members and/or agents and officers, harmless from any and all such liability for personal injury, death or property damage to others occasioned by the actions of the above-named student.

I/we are aware said student shall be obligated to follow the pertinent rules, regulations, and water safety requirements as promulgated by the Wickford Yacht Club and the Wickford Sailing Association, Inc., and noncompliance with same will result in disciplinary action or expulsion from the program.

PARENT(S)/GUARDIAN(S) signatures _____ **DATE:** _____