



HAMPTON YACHT CLUB 2017 SUMMER SAILING APPLICATION

Please complete the following forms in their entirety. An incomplete form may result in registration delays. When registering more than one child, please complete a separate form for each.

I. Camper Information

First Name: _____

Last Name: _____

Date of Birth: _____

Current Age: _____ Gender: _____

School attending in Sept 2017: _____

Any guardian (over the age of 18) authorized to pick up this camper from Camp: _____

Address Information

Street Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____

Parent(s)/Guardian(s) Information

Mother's Name: _____

Mother's Cell Number: _____

Mother's Work Number: _____

Father's Name: _____

Father's Cell Number: _____

Father's Work Number: _____

Email Address: _____

Sailing Information

Returning Camper? _____

Sailing Skills: _____

II. Circle the Class(es) in Which You Want To Enroll Your Child:

Course Time	Session One	Session 2	Session 3	Session 4
	June 20-23, June 27- July 1	July 11-15, July 18- 22	July 25-29, August 1-5	August 8-12, August 15-19
8:30am- 12:00pm	Opti Level 1	Into to Opti Racing	Opti Level 1	Intro to Opti Racing
	420 Level 1	Intro to 420 Racing	420 Level 1	Intro to 420 Racing
		Sailors in Motion (all day)		
12:30pm- 4:00pm	Explorers	Sailors in Motion (all day)	Explorers	Opti Level 1
	Messing About in Boats (Ages 8-12)	Messing About in Boats (Ages 13-18)	Messing About in Boats (Ages 8-12)	Messing About in Boats (Ages 13-18)
	Opti Race Team (T,W,Th)	Opti Race Team - Continued	Opti Race Team - Continued	Opti Race Team - Continued
3:00pm- 6:30pm	420 Race Team (T,W,Th)	420 Race Team - Continued	420 Race Team - Continued	420 Race Team - Continued

III. Course Fees/Cancellation/Missing Program Policy:

Class must be paid in full to confirm your reservation. Course fees are fully refundable upon cancellation no later than **two weeks** prior to the start of your camper's session. No refunds will be made for missed classes or dismissal from the program for disciplinary reasons.

Course	Members (Grandchild Qualify)	Non-Members
Sailors in Motion	\$530	\$580
All Other General Classes	\$280	\$330
Chesapeake Race Teams	\$900	\$1000
Race Teams	\$1200	\$1300

Sign up for three or more 2 week half day sessions and get 10% Off

IV. Payment:

Make checks payable to HYC JUNIOR PROGRAM.

Club Members may charge this fee in two monthly payments. (Please remember this camp is for members and non-members, so please tell anyone who is interested in learning how to sail)

HYC MEMBER #: _____

I fully understand the conditions under which this application is made, and give my permission for his/her participation in the junior activities of the Hampton Yacht Club. I certify that the applicant is able to jump overboard in deep water and swim at least 50 yards and tread water for five minutes. I hereby assume financial responsibility on behalf of the applicant

Signature (Parent): _____

Date: _____

V: How Did You Hear About Us?

How did you hear about our Summer Sailing Program? _____

VI: Waiver

Know All Men By These Presents:

THAT I, _____ (Parent's Name - Printed) am the parent or guardian of _____ (Child's Name - Printed) who has made an application for a Junior Membership in the HAMPTON YACHT CLUB, INCORPORATED.

IN CONSIDERATION of the acceptance of _____ (Child's Name) as a Junior Member in the Hampton Yacht Club, Incorporated, I hereby release and forever discharge the Hampton Yacht Club, Incorporated, its officers, members, guests, employees, successors and assigns from all manner of action, causes of actions, claims, demands for damages, (including personal injury or death), in law, or equity, by reason of _____ (Child's Name) being a Junior Member of the said Hampton Yacht Club, Incorporated, or entering into any activity of the Club or using the Yacht Club property or other property connected with the Hampton Yacht Club, Incorporated during the period of the program; and I do further agree to indemnify and save harmless the said Hampton Yacht Club, Incorporated, from any claims, loss or damages sustained by it as a result of the aforesaid activities of my child or ward. Further, I agree to indemnify and save harmless the said Hampton Yacht Club, Incorporated for any expenses including costs and reasonable attorney fees arising out of any loss or claim for damages sustained or caused by said Junior Member. I acknowledge that sailing in the activities of the Junior Program are inherently dangerous and I assume the risk of any injury or loss incurred in such activities. I grant permission for the Program to use any photographs, film, digital imaging, videos, verbal, and written statements of my child and his and/or her likeness for promotional, web usage or other uses by the Program.

THIS RELEASE AND INDEMNITY AGREEMENT shall continue in force from year to year so long as my said child or ward shall be a Junior Member in the said Hampton Yacht Club, Incorporated.

As used herein the term Hampton Yacht Club, Incorporated includes the Officers, Directors, Members, Instructors and Employees of the Hampton Yacht Club, Incorporated.

IN WITNESS WHEREOF I have hereto set my hand and seal this ____ day of _____ (Month), 2017
_____ (Parent/Guardian Signature) _____ (Date)

VII: Medical Release

Authorization for Emergency Medical Treatment:

Let it be known that I am a legal resident of _____ (City and State Name) now residing at _____ (Street Address) am the lawful parent/guardian and have full custody of _____ (Child's Name). That I have made, constituted, and appointed, and by these presents do make, constitute and appoint personnel of the Hampton Yacht Club Junior Sailing Program or Hampton Yacht Club to act for me and in my name place, and stead to perform any and all acts hereinafter set down, as fully to all intents and purposes as I might or could if personally present, with full power of substitution and revocation, hereby ratifying and confirming all the sail personnel shall do or cause to be done by virtue of this power, to wit:

AUTHORIZE ANY AND ALL MEDICAL AND HOSPITAL CARE AND TREATMENT, INCLUDING MAJOR SURGERY, DEEMED NECESSARY BY A DUL LICENSED PHYSICIAN OR DULY LICENSED STAFF PHYSICIAN AT ANY MEDICAL FACILITY WHICH IS NECESSARY FOR THE HEALTH AND WELL-BEING OF MY CHILD NAMED HEREIN.

The terms of this appointment becomes null and void after December 31st, 2017,

In witness whereof, I have heron set me hand and seal this ____ day, of _____ (Month), 2017.
_____ (Parent/Guardian Signature) _____ (Date)

Child's Medical Insurance Information:

Carrier: _____ Group #: _____
Participant/Member ID: _____ Child's Medical Doctor: _____
Doctor's Address: _____ Doctor's Phone #: _____
Child's Medical Information or History (such as allergies, food allergies, medications): _____

IN CASE YOU CANNOT BE REACHED, PLEASE PROVIDE AN EMERGENCY CONTACT:

(Name) (Relationship) (Phone #)

VIII: Return Your Application, Waiver, and Payment to Us!

Return in Person (either to Anne Shortt or Arielle Darrow)

Mail to HYC Junior Program, Hampton Yacht Club

4707 Victoria Blvd.

Hampton, VA 23669

Fax to (757) 722-4700

Email to juniors@hamptonyc.com