

Hobcaw Yacht Club Youth Sailing Camp 2010

Application Form

Child's Name: _____ Age: _____

Hobcaw Yacht Club member: _____ yes _____ no

Aproximate height and weight: _____ Grade completed (6/10): _____

Mother's Name and Address: _____

Phone numbers: Home _____ Work: _____ Cell: _____

Email address: _____

Father's Name and Address: _____

Phone numbers: Home _____ Work: _____ Cell: _____

Email address: _____

Emergency contact if parents cannot be reached: _____

Phone: _____ Relationship: _____

Allergies, medical conditions, current medications and special instructions:

List sessions in which you wish to enroll: (Dates, AM or PM, Opti or 420)

Please describe your child's sailing experience:

Child's Name: _____

Rates: Members: \$220 for 2 weeks, \$110 per week for additional weeks.
Non-members: \$280 for 2 weeks, \$140 per week for additional weeks.

The week of July 6 will be a 4-day week with fees \$90/4 days HYC members and \$120/4 days non-members. Please adjust your payment if your child is attending this week.

Session Cancellation Policy: If you wish to cancel, you must notify Mary Sanders (881-3149) at least 4 weeks prior to the start of the session to receive a refund. No refunds will be given after that time unless there is a waiting list and the slot can be filled with a wait-listed student. Refunds are subject to a \$50 cancellation fee.

Weather/Illness Cancellation Policy: When poor weather conditions occur, other sailing related activities are put into practice. In some cases camp may have to be cancelled and children may need to be picked up early. Refunds/makeup classes will not be given due to weather or classes due to illness.

WAIVER OF LIABILITY (Read Carefully)

I understand that, by enrolling my child in this sailing program of the Hobcaw Yacht Club, and in consideration thereof, I agree to instruct my child to obey all program rules as set forth by the instructors, to use the utmost care in the use of the boats and equipment, and to not engage in horseplay or other disruptive behavior. I understand that failure to adhere to the program rules may result in my child's suspension from the program. I understand that I am responsible for the actions of my child while he or she may be participating in the sailing program and on the grounds of the Hobcaw Yacht Club.

I assume full responsibility for any loss or damage, excepting loss or damage covered by insurance, that may come to any person, boat, equipment, dock, or other property used in conjunction with this course as the result of improper use, negligence, violation of the rules, or other acts. I accept that the sport of sailing and the conduct of this course entail and are subject to certain inherent risks and assume all risks on land and on the water of my child's participation in this program. **I FURTHER AGREE TO HOLD THE HOBCAW YACHT CLUB HARMLESS FROM ANY AND ALL CLAIMS, CHARGES, LOSSES AND LIABILITES, INCLUDING THOSE CAUSED BY ANY ALLEGED NEGLIGENCE OF THE HOBCAW YACHT CLUB, ITS OFFICERS, DIRECTORS AND MEMBERS AND AGAINST ANY AND ALL VOLUNTEERS, EMPLOYEES, PARENTSS, PARTICIPANTS OR OTHERS WHICH MAY ARISE FROM, OR IN ANY WAY BE IN CONNECTION WITH, THE PRACTICES OR ACTIVITIES OF THE HOBCAW YACHT CLUB SAILING PROGRAM AND ITS ORGANIZERS.**

Parent/Guardian's Signature: _____ Date: _____

Send completed application, medical information form, and check payable to Hobcaw Yacht Club to:

Mary Sanders

Email: hobcawsailing@aol.com

439 Hobcaw Drive

Mount Pleasant, SC 29464

Phone: 881-3149