



2017 WILLIAM E. MEE YOUTH SAILING PROGRAM  
 A PARTNERSHIP BETWEEN  
 The Mattapoissett Community Sailing Association Inc.  
 &  
 The Mattapoissett Recreation Department

508-758-6474  
 Mattsail.org  
 P.O. Box 947  
 Mattapoissett, MA

**Student Information** Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Parent/Guardian Information** Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_  
street apt. # town state zip

Local Address: \_\_\_\_\_ Local Phone: \_\_\_\_\_

Work/cell phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please check if you **do not** want your Child's photo included in any media coverage.

**Emergency & Pick-up Contacts**

1.) _____	NAME	RELATIONSHIP	HOME PHONE	WORK/CELL PHONE
2.) _____	NAME	RELATIONSHIP	HOME PHONE	WORK/CELL PHONE
3.) _____	NAME	RELATIONSHIP	HOME PHONE	WORK/CELL PHONE

**HEALTH & MEDICAL INFORMATION**

PLEASE ATTACH A COPY OF STUDENT'S LATEST IMMUNIZATION AND PHYSICAL EXAMINATION REPORT

Physician name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance type: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Explain: \_\_\_\_\_

**MEDICAL SERVICES CARE AND/OR TREATMENT AUTHORIZATION**

As a parent or legal guardian of the minor registrant, I/we authorize the MCSA its officers, directors, agents, servants, instructors and employees to obtain medical services, care and/or treatment for \_\_\_\_\_ (student's name) as shall reasonably appear required as a result of an accident and/or illness that may arise during his/her involvement and/or participation in the MCSA, William E. Mee Youth Sailing Program. Prior to obtaining or attempting to obtain each such services, and/or treatment, reasonable efforts shall be made to contact the persons listed as emergency contacts.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Parent/Guardian Print Name

\_\_\_\_\_  
 Date

## PROGRAM OUTLINE

**Student Ages:** The Summer Sailing Program is open to all students ages 6 to 13 for AM classes, & ages 8 to 17 for PM classes. Students ages 6-8 will be assigned to the Junior morning program.

**Program Tuition:** The cost of each two-week program is \$395 per student. No class on July 4th Session 1 cost \$356. Tuition Assistance is available. No Refunds.

**Program Notes:** Classes will be tailored to fit the needs of the students enrolled. Students will be grouped based upon their sailing ability. Morning weather usually offers lighter winds and calmer seas more suitable for beginner sailors.

**Note: Students must pass a basic swimming test on the first day of class.**

**Morning Program - 8:30 AM to 11:30 AM: Sessions 1, 2, 3:** The morning programs are designed for beginner sailors with little or no sailing experience or for sailors who need to build confidence in their sailing ability. The morning programs are designed to teach basic sailing nomenclature, safety rules, and will consist of daily shore lessons and on the water instruction.

**Afternoon Program - 12:30 PM to 3:30 PM: Sessions 1, 2, 3:** Students in the afternoon programs must have some sailing experience, knowledge of basic sailing nomenclature and safety rules along with confidence to crew or skipper.

**Race Skills Program - 12:30 PM to 3:30 PM: Session 2 and 3:** This afternoon program is designed to teach the experienced sailors racing rules, safety, skills, and strategies as well as to foster team work between skipper & crew. Note the availability of the race skills program will depend upon sufficient interested enrolment; otherwise it will be replaced by a regular afternoon program.

**SELECTION:** Circle the Session and Time (AM or PM) for your 1st, 2nd, or 3rd choice. Return by May 15<sup>th</sup> for best selection. Applications will be considered in the order they are received. Applications will be accepted until the first day of class.

DATES:

1ST CHOICE:

2ND CHOICE

3RD CHOICE

	<u>DATES:</u>	<u>1ST CHOICE:</u>	<u>2ND CHOICE</u>	<u>3RD CHOICE</u>
<b>Session 1</b>	June 26th to July 7th, 2017	AM or PM	AM or PM	AM or PM
<b>Session 2</b>	July 10th to July 21st, 2017	AM or PM	AM or PM	AM or PM
<b>Session 3</b>	July 24th to August 4th, 2017	AM or PM	AM or PM	AM or PM

**STUDENT EXPERIENCE:** 1. \_\_\_\_\_ Never sailed                      2. \_\_\_\_\_ Did some sailing on someone else's boat  
3. \_\_\_\_\_ Took sailing at camp                      4. \_\_\_\_\_ Took MCSA Program.                      5. \_\_\_\_\_ Have sailed at the helm of a boat

## RELEASE AND INDEMNITY AGREEMENT

For valuable consideration received the undersigned, hereby release MCSA it's officers, directors, agents, servants, instructors and employees from any and all claims, demands, actions, or causes of action which the undersigned, our heirs, personal representatives, agents or assigns have or may have or which may arise out of \_\_\_\_\_ (student's name) involvement and/or participation in the MCSA William E. Mee Youth Sailing Program, including but not limited to, direct actions, third-party actions, claims, cross-claims, demands or actions for contribution or indemnification. Moreover, unless indicated above, the undersigned hereby approves of photos to be taken of their child for use in MCSA promotional materials.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Date

## COMPLETE THIS SECTION ONLY IF YOU ARE APPLYING FOR TUITION ASSISTANCE.

Limited tuition assistance is available through the **KARL M. COLLYER MEMORIAL FUND** to be distributed annually primarily on a financial need basis. If your child participates in either the (please complete) Free \_\_\_\_\_ or Reduced \_\_\_\_\_ School Lunch Program, please provide a copy of your school lunch application with this application. If your child does not qualify for either school lunch program, please submit a brief statement on a separate sheet of paper with an explanation of your particular financial hardship and the basis for your request for tuition assistance. Such statements will be presented to the MCSA Board of Directors for consideration in the order that they are received.

## APPLICATION CHECK LIST

\_\_\_\_\_ Completed registration application  
\_\_\_\_\_ Signed MEDICAL TREATMENT AUTHORIZATION & RELEASE AND INDEMNITY SECTIONS  
\_\_\_\_\_ Included copies of student's latest immunization and physical examination report  
\_\_\_\_\_ Included payment or Tuition Assistance information.

**MAIL**  
**APPLICATION**  
**TO:**

Mattapoissett Community Sailing Association Inc.  
Attn. Student Application  
P.O. Box 947  
Mattapoissett, MA 02739

508-758-6474  
mattsail.org

Mattsail member YES NO      Member number \_\_\_\_\_

