



2018 WILLIAM E. MEE YOUTH SAILING PROGRAM
 A PARTNERSHIP BETWEEN
 The Mattapoisett Community Sailing Association Inc.
 &
 The Mattapoisett Recreation Department

508-758-6474
 Mattsail.org
 P.O. Box 947
 Mattapoisett, 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 \$300 per student. No class on July 4th Session 1 cost \$270. Tuition Assistance is available. No Refunds.

Lunch Program: Sailors can pack their lunch, eat with our sailing instructors, and be walked to Center School for Camp Seahorse. Parents must register for Camp Seahorse separately and sign a release form. The cost of this program is an addition \$30.00 for the two week session.

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 15th for best selection. Applications will be considered in the order they are received. Applications will be accepted until the first day of class.

	<u>DATES:</u>	<u>1ST CHOICE:</u>	<u>2ND CHOICE:</u>	<u>3RD CHOICE:</u>	
Session 1	July 2nd to July 13 th , 2018	AM or PM	AM or PM	AM or PM	
Session 2	July 16th to July 27 th , 2018	AM or PM	AM or PM	AM or PM	
Session 3	July 30th to August 10 th , 2018	AM or PM	AM or PM	AM or PM	SEAL OR SHARK

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 _____

