



2021 WILLIAM E. MEE YOUTH SAILING PROGRAM APPLICATION

Thank you for your interest in attending the **MCSA William E. Mee Youth Sailing Program**.

Application deadline is May 15, 2021.

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MattSail Member: YES NO **Tuition Assistance:** YES NO (See page 4 for information)

To become a member of MCSA visit www.mattsail.org/membership

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Student Information: *Please fill out an application for each student attending.*

Name: _____ Age: _____ Date of Birth: _____

School: _____ Current Grade: _____

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

Never sailed Did some sailing on someone else's boat

Took sailing at camp Took MCSA Program Have sailed at the helm of a boat

.....
Parent/Guardian Information

Name: _____ Phone: _____

Primary Address: _____

Street: _____ Apt. #: _____

Town: _____ State: _____ Zip _____

Phone: _____ Work/Cell Phone: _____

Email Address: _____

.....
Emergency & Alternative Pick-up Contact Information

1. Name: _____ Relationship: _____

Home Phone: _____ Work/Cell Phone: _____

2. Name: _____ Relationship: _____

Home Phone: _____ Work/Cell Phone: _____

3. Name: _____ Relationship: _____

Home Phone: _____ Work/Cell Phone: _____

Mattapoissett Community Sailing Association Inc.

P.O. Box 947, Mattapoissett, MA 02739

www.mattsail.org

Audri Silveira, Office Manager

508.863.3276

mattsailsummer@gmail.com



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PROGRAM OUTLINE

Student Ages:

The Summer Sailing Program is open to all students ages 6 to 15. Ages 6 to 10 for AM Classes. Ages 11 to 15 for PM classes.

Program Tuition:

The cost of each two-week session is \$400 per student for Non-Members and \$375.00 per student for Members. 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.

Program Sessions:

Check 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. Choices are not guaranteed.

- Morning Program - 8:30 AM to 11:30 AM:**
Sessions 1, 2, 3 & 4: 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 & 4: 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.
- Advanced Sailing Program - 12:30 PM to 3:30 PM: Session 3 & 4 only:**
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 enrollment.*

DATES:	1ST CHOICE:	2ND CHOICE:	3RD CHOICE:
Session 1 July 5 through July 16	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Session 2 July 19 through July 30	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Session 3 August 2 through August 13	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Session 4: TBD	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM



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Health & Medical Information

Please provide a copy of student's latest Immunization and Physical Exam report.

Physician Name: _____ Phone: _____

Medical Insurance: _____ Policy #: _____

Medications: Yes No

If yes, please explain: _____

Allergies: Yes No

If yes, please explain: _____

Medical Services Care and 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 Print Name: _____ Date: _____

Parent/Guardian Signature: _____

Release and Indemnity Agreement

For valuable consideration received the undersigned, hereby release MCSA its 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 below, the undersigned hereby approves of photos to be taken of their child for use in MCSA promotional materials.

Please check if you DO NOT want your child's photo included in any media coverage.

Parent/Guardian Print Name: _____ Date: _____

Parent/Guardian Signature: _____



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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 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.



MCSA partners with the Mattapoissett Recreation Department

Lunch Program:

Sailors can pack their lunch, eat with our sailing instructors, and can be walked to Center School to attend **MATTREC Afternoon Seahorse Explorers Program***.

The cost to stay for lunch and transportation to Seahorse Explorers is \$50.00 for each 2 week session.

**Parents MUST REGISTER for MATTREC Afternoon Seahorse Explorers separately. Please visit MATTREC's website at www.mattrec.net*

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.
P.O. Box 947
Mattapoissett, MA 02739
Attn: Student Application