



2024 WILLIAM E. MEE YOUTH SAILING PROGRAM APPLICATION

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

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

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

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

Name: _____ Age: _____ Date of Birth: _____

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 another camp

Have sailed at the helm of a boat Has taken MattSail Program > If so, how many years?

Can your child sail alone? Yes No

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: _____



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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 \$450 per student for Non-Members and \$400.00 per student for Members. The cost of each one-week session is \$250 per student. 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 8 through July 19	<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 22 through August 2	<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 5 through August 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 4: August 19 through August 23**	<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 Four is only available to students who have completed a two week session in 2024.



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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: _____

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: _____

Student T-shirt size:

Small Medium Large

Other _____

Life Preserver:

For proper protection for the student we need:

Height: _____

Weight: _____ lbs



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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.

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:

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