



## 2025 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](http://www.mattsail.org/membership).

**MattSail Member:**  YES (Contact Audri at [mattsailsummer@gmail.com](mailto:mattsailsummer@gmail.com) for code)  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: \_\_\_\_\_

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: \_\_\_\_\_

**Mattapoisett Community Sailing Association Inc.**

P.O. Box 947, Mattapoisett, MA 02739

[www.mattsail.org](http://www.mattsail.org)

Audri Silveira, Office Manager

508.863.3276

[mattsailsummer@gmail.com](mailto:mattsailsummer@gmail.com)



## 2025 WILLIAM E. MEE YOUTH SAILING PROGRAM APPLICATION

### 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 \$475.00 per student for Non-Members and \$425.00 per student for Members. The cost of each one-week session is \$265.00 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 sail-

### Program Sessions:

Check the Session and Time (AM or PM) for your 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> choice. To assure your 1<sup>st</sup> choice, we suggest you return your application by June 2<sup>nd</sup>.

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 7 <sup>th</sup> through July 18th	<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 21st through August 1st	<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 4th through August 15th	<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 18th through August 22nd	<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 2025.*



## 2025 WILLIAM E. MEE YOUTH SAILING PROGRAM APPLICATION

### 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



## 2025 WILLIAM E. MEE YOUTH SAILING PROGRAM APPLICATION

### Tuition assistance

Limited tuition assistance is available through the **KARL M. COLLYER MEMORIAL FUND** to be distributed annually primarily on a financial need basis.

*Please submit a brief statement of request and reason for hardship and the basis for your request for tuition assistance to Audri Silveria at [mattsailsummer@gmail.com](mailto:mattsailsummer@gmail.com). 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.  
P.O. Box 947  
Mattapoissett, MA 02739  
Attn: Student Application