



## 2026 William E. Mee Youth Sailing Program Registration Application

### Mattapoisett Community Sailing Association Inc.

P.O. Box 947, Mattapoisett, MA 02739

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

Email: [admin@mattsail.org](mailto:admin@mattsail.org)

Phone: 508.538.4801

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

You may print and mail this form to the mailing address above or email to [admin@mattsail.org](mailto:admin@mattsail.org).

For online submission, visit [www.mattsail.org](http://www.mattsail.org)

Tuition assistance applications may also be submitted by mail, email or online.

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**Tuition Assistance:** We're grateful to offer tuition assistance through the **Karl M. Collyer Memorial Fund**, which is distributed each year with a primary focus on demonstrated financial need. If you're experiencing financial hardship and would like to request assistance, we warmly invite you to write a short statement explaining your current situation and why tuition support would make a meaningful difference for your child (or yourself). You may submit this information online from our website [www.mattsail.org](http://www.mattsail.org).

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### Student Information

Please complete one application per student.

**Student Full Name (First, Last):** \_\_\_\_\_

**Age as of 07/01/2026:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ (MM/DD/YYYY)

**School:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_

#### Sailing Experience (select all that apply):

- Never sailed
- Some casual sailing on someone else's boat
- Sailing at camp
- Previous MCSA Program participant
- Have sailed at the helm of a boat

**Note:** Students must pass a basic swimming test on the first day. The student has to feel comfortable in the water, swim 50ft and tread water for 1 minute with a lifejacket on.

Student Name: \_\_\_\_\_

## Parent/Guardian Information

Parent/Guarding Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Address:

Street: \_\_\_\_\_ (PO Box \_\_\_\_\_ )

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*If you also have a separate local address: Please write it below.*

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## Emergency & Alternative Pick-Up Contacts

Provide at least two contacts.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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## Session Selection

You may register this child for more than one session.

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.

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.

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

### Each 2-Week Session Cost:

Single child: \$475

Each additional child (sibling): \$425 (\$50 discount per child)

Student Name: \_\_\_\_\_

**Please check off all the sessions you are registering your child for below.**

You may register your child for more than one session. Applications are accepted for consideration in the order that they are received. If in the event a session is filled, we will notify you of alternate options or place you on a wait list.

AM: Ages 6-10    PM: Ages 11-15

Session	Dates	AM or PM	First Child	Sibling	Total
1	July 6 - 7	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$475	\$425	_____
2	July 20 - 31	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$475	\$425	_____
3	August 3 - 14	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$475	\$425	_____
4*	August 17 - 21	<input type="checkbox"/> AM <input type="checkbox"/> PM	\$265	\$265	_____
<b>TOTAL</b>					_____

\*Session 4 (one-week) is only for students who completed a previous two-week session in 2026.

**Student T-Shirt Size:**

Small  Medium  Large  Other: \_\_\_\_\_

**Life Preserver Sizing (for proper fit):**

- Height: \_\_\_\_\_ ft.in.
- Weight: \_\_\_\_\_ lbs

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## Health & Medical Information

Attach or upload a copy of the student's latest immunization and physical exam report.

- **Physician Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- **Medical Insurance Provider:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_
- **Medications:**  Yes  No  
If yes, explain: \_\_\_\_\_
- **Allergies:**  Yes  No  
If yes, explain: \_\_\_\_\_

# Authorizations & Releases for: Student Name \_\_\_\_\_

## Medical Services Care and Treatment Authorization

As a parent or legal guardian of the student named above, I/we authorize the MCSA its officers, directors, agents, servants, instructors and employees to obtain medical services, care and/or treatment for the student 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 Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ (Digital signatures accepted)

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## Release and Indemnity

I understand that the Mattapoisett Community Sailing Association (MCSA) William E. Mee Youth Sailing Program involves inherent risks and, on behalf of myself and my child, I voluntarily assume all risks, known or unknown, and accept full responsibility for any consequences of participation. In exchange for my child's ability to take part, I 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 involvement and/or participation in the MCSA William E. Mee Youth Sailing Program, regardless of cause, including but not limited to negligence, direct actions, third-party actions, claims, cross-claims, demands or actions for contribution or indemnification.

I DO NOT want my child's photo used in any media/promotional coverage.

**Parent/Guardian Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ (Digital signatures accepted)

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## Permission to use photos and video

I understand that the Mattapoisett Community Sailing Association (MCSA) William E. Mee Youth Sailing Program involves inherent risks and, on behalf of myself and my child, I voluntarily assume all risks, known or unknown, and accept full responsibility for any consequences of participation. In exchange for my child's ability to take part, I 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 involvement and/or participation in the MCSA William E. Mee Youth Sailing Program, regardless of cause, including but not limited to negligence, direct actions, third-party actions, claims, cross-claims, demands or actions for contribution or indemnification.

Yes, I grant permission.     No, I do not grant permission

**Parent/Guardian Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ (Digital signatures accepted)

## **Application Checklist:**

- Completed and/or signed all sections of the application.
- Signed Medical Treatment Authorization & Release/Indemnity sections.
- Attached copies of immunization and physical exam report.
- Include check payment or tuition assistance request.

### **Submission Options:**

**Email:**

admin@mattsail.org

**Mail:**

Mattapoisett Community Sailing Association Inc.

P.O. Box 947

Mattapoisett, MA 02739

We look forward to sailing with you in 2026!

For questions, contact Alyson at [admin@mattsail.org](mailto:admin@mattsail.org) or 508-538-4801