

SAIL SALEM REGISTRATION FORM

Please PRINT CLEARLY, mail completed form with payment to Sail Salem, Inc. 23 Pickman Street, Salem, MA 01970. This section of the form can also be completed online as www.sailsalem.org.

Child's Name: _____ Age _____ Birth date ____/____/____

Address: _____ City _____ Zip _____

School Grade _____ Height _____ Weight _____

Parent/Guardian's Name _____ Parent/Guardian's Name _____

Phone Number _____ Phone Number _____

Email _____ Email _____

Please provide a primary emergency number _____

Registrations are taken on a first come first served basis. The nonrefundable \$1.00 Tuition is due before the start of class.

Each session is 5 days, Monday—Friday, in the morning or afternoon.

Please rank in order your top 3 preferences. We will attempt to place you in your top choice.

	Mornings (9-12)	Afternoons (1-4)
June 28	<input type="checkbox"/>	<input type="checkbox"/>
July 5	<input type="checkbox"/>	<input type="checkbox"/>
July 12	<input type="checkbox"/>	<input type="checkbox"/>
July 19	<input type="checkbox"/>	<input type="checkbox"/>
July 26	<input type="checkbox"/>	<input type="checkbox"/>
August 2	<input type="checkbox"/>	<input type="checkbox"/>
August 9	<input type="checkbox"/>	<input type="checkbox"/>
August 16	<input type="checkbox"/>	<input type="checkbox"/>

***A Medical Form and Swim Form must be submitted before the first day of class.**

If there are any friends you would like to be in class with, please list them here. We will make our best efforts to pair them up.

SAIL SALEM MEDICAL INFORMATION FORM

Child's Name: _____ Gender Male ☐ Female ☐

Medical Insurance: _____

Policy Number: _____ Family Doctor: _____

Subscriber's Name: _____ Doctor's Phone Number: (____) _____ - _____

Subscriber's ID Number: _____

Please describe any medical needs or concerns:

Date of latest tetanus shot: ____/____/____

Allergies: _____

Current medications: _____

Physical Challenges: _____

Learning Disabilities: _____

Worries/Fears: _____

MEDICAL PERMISSION: The undersigned hereby authorizes an instructor from the Program or an adult who bears this document to authorize emergency treatment for the Junior Sailor in the event that a parent or legal guardian cannot be reached at the above telephone numbers at the time of the emergency.

Date

Name of Parent or Legal Guardian (*Please Print*)

Signature of Parent or Legal Guardian

PARENT/STUDENT AGREEMENT

By accepting this Parent/Student Agreement, we, as the named child herein ("Junior Sailor") and as the parent (guardian) of the Junior Sailor, hereby acknowledge that the execution of this Agreement is a condition of the participation of the Junior Sailor in Sail Salem, Inc.'s Sailing Program ("Program").

WAIVER AND MEDICAL PERMISSION

By accepting this Agreement, I, as the parent (guardian), accept that the sport of sailing and the conduct of the Program entail and are subject to certain inherent risks. On behalf of the Junior Sailor I do hereby:

1. Grant my consent to the Junior Sailor's participation in the Program and agree that this Agreement will extend to the Sail Salem, Inc. ("SSI"), its Officers, Directors, employees, agents and volunteers.
2. Consent to the participation of the Junior Sailor in sailing events which are a normal part of the Program (regattas and/or events) and agree that this Agreement will extend to the benefit of any sailing clubs or association which is the host to or is the venue of such events.
3. Waive any claims against and release any obligation of SSI, its respective members, officers, directors, employees, volunteers and agents or any other person acting in any capacity for the conduct of the Program (each an "Indemnified Person") in relation to any loss, injury, or damage (on land or at sea or in transportation to the Program or any event) to the Junior Sailor or to the boat or other property of the undersigned or the Junior Sailor to the fullest extent permitted by law.
4. Reimburse SSI and each Indemnified Person for any loss or damage to property, and to indemnify and hold SSI, and each Indemnified Person harmless from any claim, loss or injury caused by the negligence, or misconduct of, or failure to exercise reasonable care by the Junior Sailor.

SUBSTANCE ABUSE

The Sail Salem, Inc. was organized in 2007 to provide the young people of Salem and its surrounding communities a comprehensive opportunity to learn the sport of sailing, experience the joys of boating, acquire an enduring respect for the water and share in the fellowship of each other's company. However, it is incumbent on sailors to be fully aware of what is around them and requires all of a person's faculties without any impairment. SSI offers or will offer a variety of opportunities for the novice to the experienced sailor. Participants are expected to comport themselves in ways which reflect pride in themselves, SSI, and the community. They are expected to set good examples at all times when sailing off Winter Island or while away at a regatta. Participants are subject to SSI policies regarding use of alcohol and drugs. Since the goal of SSI is to develop a respect for boats, water, others and ourselves, we expect participants to obey all local and state laws. Therefore, the use of alcohol or drugs is illegal. At any time while you are enrolled in SSI, you are expected to refrain from situations when your conduct may reflect detrimentally on the reputation of yourself and the SSI program in the community. Participants violating SSI policy regarding the illegal use of alcohol and drugs will incur the following penalties, in addition to legal penalties that may be incurred through proper authorities:

1. For a first violation, the participants will be suspended from all SSI activities and classes for a period of two weeks. No fees will be refunded for loss of time.

2. Any subsequent violation, the sailor will be removed from the program.

We, as the parent (guardian) and Junior Sailor have read and understand the policy regarding the illegal use of alcohol and drugs. I am aware of the consequences for violating the rules and promise to adhere to these rules.

Name of Parent or Legal Guardian (*Please Print*)

Signature of Parent or Legal Guardian

Date

Date of Birth

Submit this completed Parent/Student Agreement to: Sail Salem, c/o Jason Yarrington, 23 Pickman Road, Salem, MA 01970

SAIL SALEM SWIM FORM

This form certifies that my child _____ is comfortable swimming 75 yards,
(Print Child's Name Here)
and has done so in the presence of a certified instructor or life guard.

(Facility Name)

(Date)

(Parent Signature)

(Certified Instructor of Life Guard Signature)

(Print Parent's Name)

(Print Instructor's Name)

Please mail form to: Sail Salem, Inc. 23 Pickman Street, Salem, MA 01970

This form must be mailed **before** your child's first class. Please understand for your child's own safety, the Sail Salem will not allow your child to participate in the program unless a fully completed swim certificate has been received. Both a certified instructor or life guard **and** a parent must sign the form.

If you are looking for a place to have the swim test, the Salem YMCA will test your child at no charge at their facility with their life guards. Just bring this form to a life guard and ask to be tested. The hours for testing are 5:00 a.m. – 9:45 p.m. Monday through Friday; Saturdays 6:00 a.m. to 6:45 p.m. and Sunday 7:00 a.m. to 5:45 a.m.

Thank You.