



Stage Harbor Sailing School & Race Team 2011 Registration Form

IF YOU ARE REGISTERING MORE THAN ONE STUDENT, PLEASE COMPLETE A **SEPARATE** FORM FOR **EACH** STUDENT
BY MAY 15 PLEASE COMPLETE BOTH PAGES OF THIS FORM & MAIL WITH CHECK TO
MESERVEY ACCOUNTANCY 104 CROWELL RD. CHATHAM, MA 02633
CHECKS SHOULD BE MADE OUT TO: STAGE HARBOR SAILING SCHOOL

1. FAMILY INFORMATION If you are registering grandchildren please list grandparents name: _____

Student **Last Name:** _____ **First:** _____ **DOB (m/d/y)** ___/___/___ **Gender:** _____

Family **Summer** Address: _____ **City/State:** _____ **Zip:** _____

Family **Winter** Address: _____ **City/State:** _____ **Zip:** _____

Parent 1 Name: _____ Day phone: _____ Cell: _____ Email: _____

Parent 2 Name: _____ Day phone: _____ Cell: _____ Email: _____

Student Cell Phone*: _____ Student Email*: _____ *If applicable

2. REGISTRATION **1. CIRCLE THE SESSION & CLASS & FEE BELOW**
2. COMPLETE SUBTOTAL AND TOTAL FEES
3. RETURN FORM AND PAYMENT

Sailing School See 3-fold flyer for team descriptions & eligibility	Hermit Crabs 6 or 7	Intro to Optis	Seaman	Mates & Old Mates	Skippers	Adults	
Session 1 June 27 – July 22	\$300	\$350	\$350	\$350	\$350	\$300	
Session 2 July 25 – August 19	\$300	\$350	\$350	\$350	\$350	\$300	
Both Sessions	\$400	\$500	\$500	\$500	\$500	\$400	Subtotal: \$

Race Teams See 3-fold flyer for team descriptions & eligibility	Intermediate Optis	Advanced Opti	Laser	420	
Session 1 June 27 – July 22	\$350	\$450	\$350	\$550	
Session 2 July 25 – August 19	\$350	\$450	\$350	\$550	
Both Sessions	\$500	\$600	\$500	\$750	Subtotal: \$

Combined Cost of Sailing School and Race Team: \$

Race Team Coach Boat Donation: The Club plans to purchase a RIB (Ridged Bottom Inflatable) coach boat to support 420, Opti, and Laser practices, races, and regattas. Thank you for helping to defray costs.

Coach Boat Donation: \$

Sailboat Charter	Charter Sprite or Optimist	Charter 420, Laser or Day Sailer
Session 1 June 27 – July 22	\$300	\$400
Session 2 July 25 – August 19	\$300	\$400

1. Students enrolled in Sailing School or Race Team **do not need** to charter a boat for class, series races or regattas
2. Chartered boats **are not** available when needed for Sailing School or Race Team practice
3. Chartered boats are nonexclusive and are available on a “first-come, first-sail basis”

Optional Sailboat Charter: \$

PLEASE MAKE CHECK PAYABLE TO: STAGE HARBOR SAILING SCHOOL, INC TOTAL: \$

Comments _____

Sailing School / Race Team Questions: Drew Carlson – (508) 944 6686 or dcarlson@fayschool.org
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EMERGENCY INFORMATION

If you cannot be contacted by phone, please indicate a friend or relative that can authorize and consent to necessary medical treatment.

Name	Relationship	Phone 1	Phone 2
1) _____	_____	_____	_____
2) _____	_____	_____	_____

4. MEDICAL INFORMATION

Doctor / Clinic: _____ Phone: _____
 Please use the space below to list any medications currently being taken or provide details for any condition that we should be aware of:

5. EMERGENCY TREATMENT AUTHORIZATION

I / We, the undersigned parent, parents or legal guardian of _____, a minor ("Patient"), do hereby authorize and consent to any x-ray, examination, anesthetic or other medical or surgical diagnosis, procedure or treatment rendered under the general or special supervision of any physician, dentist or other health care professional licensed in any state. It is understood that this authorization is being given in advance of any specific diagnosis, treatment, procedure or other care being required but it is given to provide the authority and power to render care where the aforementioned physician, dentist or other health care professional in the exercise of his/her judgment may deem it advisable. It is understood that, if circumstances permit, effort shall be made to contact the undersigned prior to rendering treatment to the Patient, but that any of the above x-rays, examinations, procedures, treatments or other care will not be withheld if the undersigned cannot be reached promptly under the circumstances. I/we agree that any such x-rays, examinations, diagnoses, procedures, treatments or other care shall be at my/our expense.

Signature of parent or legal guardian	Date
Medical Insurance Company	Policy Number

6. WAIVER, RELEASE AND INDEMNITY AGREEMENT

The undersigned Member of Stage Harbor Yacht Club, Inc. and Stage Harbor Sailing School, Inc., on behalf of him/herself, his/her minor children, wards, beneficiaries, heirs and assigns:

- acknowledges, agrees and understands that sailing, sailing instruction, sailboat racing and related activities, both on the water and on land, involve certain risks, including risk of serious personal injury or even death, damage to personal property, and other personal or economic injuries or losses, and that such risks may arise from various sources, including but not limited to, weather conditions, Acts of God, the condition of, or defects in, the equipment or other personal or real property involved in or situated near the activity, or the actions or omissions, negligent or otherwise, of the Member, his minor children or wards, other members of Stage Harbor Yacht Club, Inc. and Stage Harbor Sailing School, Inc., their abutters, other boaters or other parties;
- voluntarily assumes the risk of participation in all Stage Harbor Yacht Club and Stage Harbor Sailing School activities;
- to the fullest extent permitted by law, agrees to hold Stage Harbor Yacht Club, Inc., Stage Harbor Sailing School Inc., Stage Harbor Enterprises, Inc. and their respective officers, directors, agents, volunteers, organizing committees and employees (collectively, "SHYC") harmless from and to defend and indemnify SHYC against any and all liability, claims, demands, losses, expenses (including attorneys' fees), or damages SHYC may incur or suffer in connection with injuries to or deaths of the Member, his family, his guests or damage to or loss of the property of any of them, in each case arising out of or relating to any SHYC activity.

THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTANDS THE FOREGOING PARAGRAPHS AND THAT HIS/HER EXECUTION OF THIS WAIVER, RELEASE AND INDEMNITY AGREEMENT HAS SIGNIFICANT LEGAL CONSEQUENCES AND AFFECTS HIS/HER LEGAL RIGHTS.

Signature of Member	Date
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Print full Member name _____

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