



SEA ISLAND
YACHT CLUB

2018 Charleston Community Sailing Inc.

SAILING APPLICATION

www.charlestoncommunitysailing.org

Students Name:		Birthdate/Age:	
Parent/Guardian Name (s):			
Address:		City, State, Zip	
Cell:	Work:	Home:	
Parent Email:		Sponsoring Member:	
Sailor Email:		School:	
Sailing Experience:			

Registration and Policy Guidelines: To register, please fill out both sides of the application, sign and include payment for the full amount of the session. If the session is full, we will add you to the wait list, hold payment or a full refund will be given. Please make checks payable to: *Charleston Community Sailing Inc.* Please mail registration and full payment to reserve your spot to:

Charleston Community Sailing Inc., P.O. Box 21811, Charleston, SC 29413 – P: (843) 607-4890

YOUTH SUMMER SAILING PROGRAM (AGES 8-15)	<p>Learn basic sailing skills while going on adventures in the Bohicket Creek and the surrounding waterways, all while building self confidence and a love for being on the water. There will be land-based activities based on STEM education along with nautical games and crafts. In the case of not having enough wind to sail, instructors will lead children in other waterfront activities such as crabbing and fishing.</p> <p>Dates: July 3, 5, 6 <input type="checkbox"/> Time: 9AM-4PM Cost: \$255</p>
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Confirmation: Confirmation of your registration will be e-mailed. If the session is full, you will be notified by phone. Sessions are filled on a first-come, first-served basis.

Session Cancellation Policy: If you wish to cancel, please notify CCSI office at least two weeks prior to the start of the session to receive a refund, after that time there are NO refunds. Refunds are subject to a \$30 cancellation fee. We reserve the right to cancel courses due to insufficient enrollment. If a class is cancelled, full credit for the class will be issued with notification information.

Weather/Illness Cancellation Policy: Classes will take place regardless of weather. When poor weather conditions occur, other sailing related activities are put into practice. Refunds/make-up classes will not be given due to weather or classes missed due to illness.

Swimming Requirements: Children must be comfortable in and around water and be able to swim unaided and tread water. A swimming check out will be given on the first day of class, which will allow staff to check the swimming abilities of your child. The staff will also conduct a water orientation with a sailboat in order to teach self-rescue techniques.

Student Conduct: Students are required to follow the CCSI code of good conduct. Respect for fellow students, safety, equipment, and the facility are paramount. When behavioral problems occur, every effort will be made to resolve the problem. If the behavioral problem is repeated or is serious, a Charleston Community Sailing Inc. staff member will contact the parent. There are no refunds for expulsion from CCSI for behavioral problems.

[OFFICE USE: Amount: _____ Payment Type: _____ Date: _____ Initials: _____]



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2018 Medical & Liability Release Form

www.charlestoncommunitysailing.org

Students Name:	Birthdate/Age:
Address:	City, State, Zip
Guardians Names:	Guardians Email:
Guardian Day Phone:	Guardian Alt Phone:
Students Email	Students Phone:
Should the participant be in need of medical treatment, do you give permission for this to be done in the event you can not be reached promptly? _____YES _____NO	
<input type="checkbox"/> Check here ONLY if you do NOT want your child photographed, or included in any future CCSI materials.	
Doctor Name:	Phone:
Medical Plan:	Medical Plan #:
Allergies (food or medication), or special instructions:	
Emergency Contact/Phone:	

Please include with registration form and send to: Charleston Community Sailing Inc., P.O. Box 21811, Charleston, SC 29413

Emergency Treatment Authorization

I/We the undersigned parent, parents, or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical diagnosis rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the Dental Practice Act and on the staff of any acute general hospital from the State of South Carolina Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Release

The undersigned parent/guardian recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to accept his/her child into Charleston Community Sailing Inc., the undersigned parent/guardian covenants and agrees to hold harmless and indemnify the Charleston Community Sailing Inc. and Sea Island Yacht Club its officers, directors, employees, and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to a person or damage to any property arising out of or in anywise connected with the operation of the Charleston Community Sailing Inc. or any activities, events on or the use of any facilities or equipment of Charleston Community Sailing Inc.. I grant full permission for Charleston Community Sailing Inc. to use photographs of my enrolled child in the legitimate accounts and promotion of this class. During allotted program time, I allow my child permission to walk to other businesses in the immediate area or to explore surrounding beaches/islands.

Certification of Swimming Skills

I/We the undersigned parents or legal guardian does hereby certify our child can swim unaided for 40 yards and tread water.

Parental Agreement

I/We understand that I/we are responsible for our child's or grandchild's behavior and conduct while at the Charleston Community Sailing Inc. and will see to it that our child adheres to the program rules. I/We agree to assume the obligation for expenses of repair and/or replacement of program equipment that is attributed to our child's reckless or irresponsible behavior and the expense of medical care if our child is injured. I/We agree to make an appointment for a parent/instructor or coach conference if requested.

Signature of Guardian

Date

Signature of Student (Yes, I agree with the student conduct.)

Date