

2017 IPSWICH JUNIOR SAILING APPLICATION

The program fee is \$395 for the first class and \$370 for each additional class for the same student. **Full payment and signed medical waiver is required with application. Deposits will not be accepted; No Refunds.** If the class is full or we have other recommendations, we will contact you. ***If your sailor is new to IJS, Plan to attend Parent/Sailor Night at Ipswich Bay Yacht Club on Tuesday, June 20 at 6:30 pm. Prior to April 1, early sign up discount \$380 for 1st class.***

Student Name _____ Age _____ Height (") _____ Weight _____ Male/Female _____
 Address _____ City _____ State _____ Zip _____
 Email (required) _____ Phone _____

Experienced Sailor: level completed Opti Basic Opti Interim Opti Adv 420 Basic 420 Interim 420 Adv

Are student's parents or grandparents members of Ipswich Bay Yacht Club? Yes No

Additional Information (ex. "keep in same time slot as sister/brother/friend")

First class \$395; each additional class \$370 for same student *Before April 1, \$380 for 1st class & \$370 for 2nd class*

*** NOTE: There will be classes on Friday, June 30 and no classes on Tuesday, July 4.**

X	Class	Date & Days	Sailing Class	Times	\$\$\$ 1 st Class	\$\$\$ 2 nd Class
1		6/26-7/6* Mon-Thurs	Opti – Beginner & Interim.	9:15 am - 12:15 pm	\$380	\$370
2		6/26-7/6* Mon-Thurs	420 – Beginner & Interim.	9:15 am - 12:15 pm		
3		6/26-7/6* Mon-Thurs	Opti – Interim. & Advance	1:15 pm - 4:15 pm		
4		6/26-7/6* Mon-Thurs	420 – Interim. & Advance	1:15 pm - 4:15 pm		
5		7/10-7/20 Mon-Thurs	Opti – Beginner & Interim.	9:15 am - 12:15 pm		
6		7/10-7/20 Mon-Thurs	420 – Beginner & Interim.	9:15 am - 12:15 pm		
7		7/10-7/20 Mon-Thurs	Opti – Beginner & Interim.	1:15 pm - 4:15 pm		
8		7/10-7/20 Mon-Thurs	420 – Beginner & Interim.	1:15 pm - 4:15 pm		
9		7/24-8/3 Mon-Thurs	Opti – Beginner & Interim.	9:15 am - 12:15 pm		
10		7/24-8/3 Mon-Thurs	420 – Beginner & Interim.	9:15 am - 12:15 pm		
11		7/24-8/3 Mon-Thurs	Opti – Beginner & Interim.	1:15 pm - 4:15 pm		
12		7/24-8/3 Mon-Thurs	420 – Beginner & Interim.	1:15 pm - 4:15 pm		
13		8/7-8/17 Mon-Thurs	Opti – Beginner & Interim.	9:15 am - 12:15 pm		
14		8/7-8/17 Mon-Thurs	420 – Beginner & Interim.	9:15 am - 12:15 pm		
15		8/7-8/17 Mon-Thurs	Opti – Interim. & Advance	1:15 pm - 4:15 pm		
16		8/7-8/17 Mon-Thurs	420 – Interim. & Advance	1:15 pm - 4:15 pm		
RT		6/26 -8/18 – 8 weeks	Race Team Opti or 420	M,T,W,Th 4:30-7:30; Friday 9 am – 4 pm	TBD	TBD
RT		6/26 -7/21 or 7/24–8/18 4 Weeks	Race Team Opti or 420 4 Weeks	M,T,W,Th 4:30-7:30; Friday 9 am – 4 pm	TBD	TBD
A1		July 10, 11, 12, 13,	Adventure Week (age 12-16)	Mon-Thurs 9:15 -4:15	\$395	\$370
A2		July 17, 18, 19, 20,	Adventure Week (age 12-16)	Mon-Thurs 9:15 -4:15	\$395	\$370
A3		July 31, Aug 1, 2, 3	Adventure Week (age 12-16)	Mon-Thurs 9:15 -4:15	\$395	\$370

All classes Include Free Sail on Friday mornings 9:15-12:15 pm (no charge with registration)

Please complete medical waiver on reverse side and mail check payable with total due to Ipswich Junior Sailing, P.O. Box 364, Ipswich, MA 01938. More information www.ipswichjuniorsailing.org or 978/412-4412 Over →

Ipswich Junior Sailing Medical Information and Waiver

Please complete the following to provide us with information to use in case of an emergency and to aid us in better understanding the needs and any special requirements of your child.

Registration For: _____ Note: All students must be swimmers
Student's: _____ Male/Female: _____ DOB: _____

Address _____ Home _____ Email _____

Parent/Guardian(1) _____ Cell/Work _____
Email _____

Parent/Guardian(2) _____ Cell/Work _____
Email _____

Medical Insurance Co: _____ Policy No: _____

Subscriber's Name: _____ Subscriber's ID#: _____

Family Doctor: _____ Dr's Tel No: _____

Please Describe Any Medical Conditions that we should be aware of:

Allergies: _____

Current Medications: _____

Physical Challenges/Learning Disabilities/Pertinent Medical History or Illness:

The undersigned parents(s) or guardian(s) of the above named student acknowledges that the execution of this Agreement is a condition of the participation of the student in the Junior Sailing Program run by Ipswich Junior Sailing, Inc ("the Program"). The undersigned recognizes and understands that water sports including sailing and the conduct of the Program involve inherent risks for the student, and on behalf of the student the undersigned accepts all risks on land and water of participation in the Program. The undersigned agrees as follows:

The undersigned voluntarily consents to the student's participation in the Program including associated regattas and sailing events, and agrees that this Agreement extends to the benefit of the Ipswich Junior Sailing, Inc., the Ipswich Bay Yacht Club ("IBYC") and any organizations which are host or venue for such regattas and events.

The undersigned for my/ourselves and the student waives any claim against and releases any obligation of Ipswich Junior Sailing, Inc., IBYC and all their employees, officers, Board members, agents, volunteers and any organizations and individuals assisting or participating in the Program ("Releasees") related to the student's participation in the Program, including any claims for personal injury or property damage, to the fullest extent allowed by law.

The undersigned for my/ourselves and the student agrees to indemnify, defend and hold harmless the Releasees against any claim, loss or injury caused by or related to the student's or my/our participation in the Program.

The undersigned hereby authorizes an instructor from the Program or an adult who bears this document to authorize emergency treatment for the student in the event that the emergency contact cannot be reached at the above telephone number at the time of emergency, and agrees to pay all costs associated with such treatment.

The undersigned agrees to the use of any photographic images of the above named student in connection with his or her participation in program activities only for use on the Program website, brochure and social media outlets (Twitter, Instagram and/or Facebook) or for publicity about the Ipswich Junior Sailing program.

Date: _____ Signature(s) _____
Parent or Legal Guardian

Date: _____ Signature(s) _____
Parent or Legal Guardian