

2019 IPSWICH JUNIOR SAILING APPLICATION

Full payment & signed waiver is required, no refunds. All students must be able to swim.

Sailor _____ Height (") _____ Weight _____ DOB _____ Age _____ Male/Female
 Address _____ City _____ State _____ Zip _____

Primary Email (Required) _____ Home ☎ _____

Sailor skill level (if known) Opti Basic Opti Intern Opti Adv 420 Basic 420 Intern 420 Adv

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

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

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

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

Please complete the following to provide us with information to use in case of an emergency.

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 and to aid us in understanding your sailors needs:

Allergies: _____

Current Medications: _____

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

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

PLEASE CIRCLE: CLASS #, DATE, BOAT, SKILL LEVEL, AND TIME - If the class is full, we will contact you.

NOTE: There will be NO classes on Thursday, July 4th

Class #	Date & Days	Boat & Skill Level	Class Times	Fee
1	7/8-7/18 Mon-Thurs	Opti Beginner Experienced	9:15 am - 12:15 pm	\$495
2	7/8-7/18 Mon-Thurs	420 Beginner Experienced	9:15 am - 12:15 pm	\$495
3	7/8-7/18 Mon-Thurs	Opti Beginner Experienced	1:15 pm - 4:15 pm	\$450
4	7/8-7/18 Mon-Thurs	420 Beginner Experienced	1:15 pm - 4:15 pm	\$450
No Classes	7/21, 7/22, 7/23, 7/24	Racers to Marblehead Junior Race Week	All Day event	TBD
5	7/29-8/8 Mon-Thurs	Opti Beginner Experienced	9:15 am - 12:15 pm	\$495
6	7/29-8/8 Mon-Thurs	420 Beginner Experienced	9:15 am - 12:15 pm	\$495
7	7/29-8/8 Mon-Thurs	Opti Beginner Experienced	1:15 pm - 4:15 pm	\$450
8	7/29-8/8 Mon-Thurs	420 Beginner Experienced	1:15 pm - 4:15 pm	\$450
9	8/12-8/22 Mon-Thurs	Opti Beginner Experienced	9:15 am - 12:15 pm	\$495
10	8/12-8/22 Mon-Thurs	420 Beginner Experienced	9:15 am - 12:15 pm	\$495
11	8/12-8/22 Mon-Thurs	Opti Beginner Experienced	1:15 pm - 4:15 pm	\$450
12	8/12-8/22 Mon-Thurs	420 Beginner Experienced	1:15 pm - 4:15 pm	\$450
	Adventure Weeks	Rhodes 19 or 420	All Day	
A1	7/1, 7/2, 7/3, 7/5 Mon-Wed. & Friday	Adventure Week (age 12-16)	9:15 am – 4:15 pm	\$475
A2	7/15-7/18 Mon-Thurs	Adventure Week (age 12-16)	9:15 am – 4:15 pm	\$475
A3	8/5 – 8/8 Mon-Thurs	Adventure Week (age 12-16)	9:15 am – 4:15 pm	\$475

ALL Afternoon classes are discounted

Please complete waiver and mail check to Ipswich Junior Sailing, P.O. Box 364, Ipswich, MA 01938.

More information www.ipswichjuniorsailing.org or questions call 978-412-4412

Ipswich Junior Sailing Waiver

IJS Sailor, _____

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

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