

# High School Sailing Program

Application Form - Year \_\_\_\_\_ SPRING  FALL  (check one)

## Student Information

Name:

Birth Date:

Class Of:

Mailing Address:

Street Address:

(if different from mailing address)

Home telephone:

Cell:

Email:

Sailing experience (if first time applicant):

Parent/Guardian Information (please print legibly):

(1) Name:

Home Phone:

Work:

Cell:

Email:

(2) Name:

Home Phone:

Work:

Cell:

Email:

Student's Signature:

Date:

Parent/Guardian's Signature:

Date:

# Student Code of Conduct

I promise to honor the spirit of Corinthian sailing, shall pledge honesty and integrity in general, encourage good sportsmanship, and shall not deviate from the truth, or break rules which govern our sport of sailing, nor tolerate such behavior in others. I will behave and dress at all times in a manner consistent with the high standards expected of my Team and of myself.

I promise to support the entire High School Sailing Team, not just one, or several, sailors. I will not abuse other High Sailing Team members, competitors, members and personnel of the host club, race committee or jury, or other parents or sailors on the Team, whether verbally, physically, or emotionally, nor tolerate such conduct in others. I understand that swearing, in any context, is unacceptable. I will treat all Team members, the coach, all competitors, regatta officials, hosts and all others with respect, regardless of race, religion, gender, sexual orientation, national origin or abilities.

I agree that any issue I may have with other Team members must be taken to the Team Advisor or the Coach, and NOT directly to the other Team parent or sailor.

I will respect the property of others, and neither steal, damage, destroy or borrow another's property without permission, nor tolerate such behavior by Team members.

I will not use, or tolerate the use by other Team members, of alcohol, tobacco, or non-prescribed drugs, understanding that a drug-free environment is necessary in order to achieve individual and Team success.

I will follow all safety procedures given by my Coaches and other responsible adults, understanding the paramount importance of safety. I will notify a coach or other responsible adult if I feel that another sailor is in danger.

The following rules of General Safety shall be followed at all times, irrespective of whether the Team is practicing at the Old Cove Yacht Club facilities or competing at another venue:

- A personal floatation devise (PFD) approved by an international safety organization (such as the US Coast Guard or the European Community) must be worn properly secured at all times when on the docks, near the water or on the boats. During competition, MASSA and ISSA regulations mandate that this PFD be a Coast Guard-approved Type 3 personal floatation device.
- Students must wear clothing appropriate for prevailing weather conditions. Suitable footwear must be worn at all times. Open-toed footwear, e.g., sandals, is not acceptable.
- No glass containers are allowed anywhere on the grounds or in the boats. All containers in boats must be stored or tied to the boat.
- No running, pushing, or unauthorized swimming is permitted.
- Piers, ramps, and other equipment are to be used only for their specified purposes.
- Students will return boats and equipment to proper storage areas as soon as possible upon completion of the day's activities. All personal gear and items will be properly secured and the dock and launch areas will be kept clean, neat and free from obstructions.

**STUDENT AGREEMENT:** I understand that in joining the High School Sailing Team, I agree to obey all program rules as set forth by the program staff, that I will use utmost care in the use of boats and equipment, and that I

will not engage in any horseplay or disruptive behavior. I understand that failure to attend regularly, arrive promptly, and abide by the rules of this Code of Conduct may result in my suspension or expulsion from the program.

Student's signature:

Date:

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**PARENT OR GUARDIAN AGREEMENT:** I/We understand the contents of this statement and agree to see to it that our child adheres to the program rules. I/We agree to assume the obligation for the expenses of repair and/or replacement of OCYC equipment that is attributable to my child's reckless or irresponsible behavior. I/We agree to make an appointment for a parent-instructor conference, if requested.

Parent/Guardian Signature:

Date:

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# WAIVER & MEDICAL AUTHORIZATION AGREEMENT

Student Sailor:

Parent/Guardian:

(Please Print)

(Please Print)

We, the undersigned parents or legal guardians (hereinafter referred to in the singular) of the Student Sailor named above request that the Student Sailor be allowed to participate in the High School Sailing Program (hereinafter referred to as the "Program").

This agreement shall remain in effect until the Program receives written notice of the cancellation of the consent or until the end of the activities described above.

In return for the Student Sailor being permitted to take part in the activities and to use the facilities and the property of the Old Cove Yacht Club ("OCYC") and the East End Youth Sailing Foundation ("EEYSF"), each of us make the following promises:

1. I am familiar with the scope of the High School Sailing Program. I also understand that I am solely responsible for the arrival and departure of my Student Sailor at the beginning and the end of the scheduled activities. I will not allow my Student sailor to remain on the premises of OCYC after each day's program without appropriate permission of OCYC or EEYSF. I agree that OCYC or EEYSF will have no responsibility for the supervision of my Student Sailor at times other than during the scheduled Program activities. I will inform my Student Sailor that he/she is expected to cooperate with, and follow the directions of, the persons in charge of the Program activities and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.
2. My Student Sailor is in good health and I know of no reason why he/she would be incapable of participating in the Program activities. My Student Sailor knows how to swim or can pass the required swim test. I will immediately notify the High School Sailing Team Advisor or the Coach if a change in my Student Sailor's health or other condition would affect my Student Sailor's ability to participate in the Program activities.
3. Waiver of Liability & Hold Harmless: I hereby covenant and agree to waive, indemnify and hold harmless OCYC and EEYSF, their officers, directors, employees, volunteers and anyone one assisting in or associated with the Program from any and all liability for any claim, demand, suits or causes of action arising out of or connected in any way with the Student sailor's participation in the Program I agree to reimburse the OCYC and EEYSF, and all of their respective members, employees, agents and all persons serving as members of the Race Committees or Juries or any other person acting in any capacity for the conduct of the Program for any loss or damage to property, and hold OCYC, EEYSF harmless from any claim, loss or injury caused by the negligence, or misconduct of, or failure to exercise reasonable care by, the Student Sailor.
4. Assumption of Risk: I acknowledge that participation in the Program is voluntary and that such participation involves the risks of serious or mortal injury associated with sports, water sports, boating and sailing in particular which, among other risks, involves changing wind, water and tide conditions, and the potential for collisions, capsizing and being struck by boat equipment. I acknowledge that I am aware of and fully understand these risks and voluntarily accept responsibility for all such risks.
5. Medical Authorization: I hereby authorize OCYC, EEYSF and anyone associated with the Program to administer first aid and to provide and secure emergency medical treatment, and I acknowledge that providing such treatment shall not be construed as an admission of guilt or liability and does not affect the foregoing waiver.

I have carefully read this Agreement and I fully understand its contents. I am aware that the Agreement includes a waiver of liability, and assumption or risk and an agreement to indemnify.

Signature of Parent/Guardian:

Dated:

# STUDENT SAILOR & MEDICAL INFORMATION

Name & Home Address:

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Date of Birth:

Male / Female:

Home Phone:

E-mail:

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	Mother/Guardian	Father/Guardian	Physician
Name			
Work Phone #			
Home Phone #			
Mobile Phone #			

## Insurance:

Name of Insured:

Insurance Co.:

Policy #:

Group #:

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Chronic illness, medical conditions, allergies or medication being taken (Please list, or write none):

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## Medical Authorization

I hereby authorize a coach of the HS Sailing Team or an adult bearing this document, to authorize emergency treatment for the Student Sailor named above in the event that a parent or legal guardian cannot be reached at the above telephone numbers at the time of the emergency.

Signature of parent or guardian:

Date:

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## EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED:

Name:

Relationship to Sailor:

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Home Phone:

Alternate Phone:

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Name:

Relationship to Sailor:

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Home Phone:

Alternate Phone:

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