



# 2024 OYC Junior Sailing Program (JSP) Application Orleans Yacht Club, Inc.

P.O. Box 145 ~ 39 Cove Road ~ Orleans, MA 02653 ~ 508-255-9091  
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*Enrollment is on a first-come, first serve basis. Incomplete applications cannot be processed.*

*An application receipt confirmation will be sent to email address(es) listed. Please call (508) 255-9091 if you have any questions.*

**Student Name:** \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  Male  Female  
Last First Middle Initial (Nickname)

Age as of June 24\* \_\_\_\_\_ Birthday (Month/Day/Year) \_\_\_\_\_ Grade completed in June \_\_\_\_\_ Current School \_\_\_\_\_  
**\*Birth certificate copy REQUIRED for 8 yr olds.**

### Parent/Legal Guardian Contact Information:

**Primary** \_\_\_\_\_  
First Name Last Name Address City, State, Zip  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Secondary** \_\_\_\_\_  
First Name Last Name Address City, State, Zip  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Student Summer Address:** c/o \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_

### Additional Information:

◇ Parent/Guardian, do you authorize anyone other than yourself to pick-up/drop-off your child to sailing class/activities? **INITIAL \_\_\_ YES \_\_\_ NO**  
*If there are specific people your child may NOT be released to, as an extra precaution, please inform the OYC in writing.*

◇ Other First Name(s) \_\_\_\_\_ Other Last Name \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

◇ Other Cell Phone \_\_\_\_\_ Other Email Address: \_\_\_\_\_

◇ **Emergency Contact Name** (if Different than Parent/Guardian) \_\_\_\_\_ Emergency Contact Cell Phone: \_\_\_\_\_  
◇ **Self-Transportation:** If my child is over 13 (thirteen) he/she has my permission to bicycle or walk to and/or from sailing classes or sailing activities. They MUST check themselves in and out of class with the Camp Director. **INITIAL \_\_\_ YES \_\_\_ NO \_\_\_ N/A**

◇ **How were you referred to our program?** \_\_\_\_\_ **Are you related to an OYC member? Who?** \_\_\_\_\_

### 2024 CLASS DATES (fees & payment info on page 3)

Students ages 8-18 accepted. Two consecutive weeks strongly encouraged to maximize learning. Additional weeks may be added as available.

**JSP CLASS WEEKS OF:** 06/24 \_\_\_ 07/01 \_\_\_ 07/08 \_\_\_ 07/15 \_\_\_ 7/22 \_\_\_ 07/29 \_\_\_ 8/05 \_\_\_ 8/12 \_\_\_  
*(please check all desired weeks of enrollment)*

**NOTE: When selecting 1 each Intermediate and Opti Race class in one (1) week, enter 2 per week. Refer to Fees & Payment Page 3.**

**2024 SCHEDULE & LEVEL  
DESCRIPTION ON JSP WEBSITE**

**PRIVATE LESSONS AVAILABLE:** \$102.00/hour - by appointment only  
adults and/or children  
contact OYC Office to schedule

*The OYC complies with the regulations of the MA Department of Public Health and is licensed by the Orleans Board of Health. Parent/guardians may request verification of background checks, copies of health care and discipline policies as well as procedures for filing grievances from the OYC Office.*

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Student Name: \_\_\_\_\_ / \_\_\_\_\_  
Last First

## STUDENT HEALTH INFORMATION

- Allergies:** Does the student have any known allergies to: food, latex, insects, environment, or medication? **INITIAL** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
If YES, please describe: \_\_\_\_\_  
*The OYC cannot guarantee an environment free from allergens such as bees, tree/ground nuts, gluten, dairy, shellfish or fish.*
- Does the student have any physical health issues, diabetes, asthma or chronic medical ailments/diseases/conditions? **INITIAL** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
If YES, please describe: \_\_\_\_\_
- Has your child had an injury that would conflict with sailing activities or had a concussion in the past year? **INITIAL** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
*If YES, a licensed medical professional's release forms is required.*
- Medications:** Will any kind of medications, inhalers, Epi pens, or insulin be needed during class time? **INITIAL** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
If YES, please list: \_\_\_\_\_  
*NOTE: If YES, physician/parent authorization to administer prescribed medication form required with application.*
- Have any medications been stopped/paused for the time period they are enrolled? **INITIAL** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
If YES, please list: \_\_\_\_\_
- Does the student have any other restrictions/issues which the JSP should be aware of? **INITIAL** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
If YES, please describe: \_\_\_\_\_
- Does the student have any emotional, behavioral or social issues or concerns? *Such as shyness, socialization difficulties, issues with stress, acting out, learning style, ADD/ADHD. Our goal is to provide a beneficial learning environment.* **INITIAL** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
If YES, please describe: \_\_\_\_\_
- Medical Treatment:** Should my child need more than superficial medical attention, or has a medical emergency, all reasonable effort will be made to contact me and/or identified emergency contact. In the event neither can be reached, I/we give permission for the JSP Staff to secure and administer medical treatment for my child including calling 911. I/we understand that any injuries sustained during the class will be reported to me by the JSP Director and I/we will follow up with any subsequent treatment if necessary. **INITIAL YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**A currently dated physical/health exam record & an \*immunization report signed by a health care provider are REQUIRED with all JSP applications for enrollment**

A MA Health Exam/ Immunization Form is available on OYC JSP website if your child does not attend school in MA.

\*If your child is not immunized, a copy of medical or religious exemption school form is required.

## GENERAL POLICY AGREEMENTS & WAIVERS

- Verification of Swim Skills:** I/We verify that my child is able to pass the JSP basic swim skills test given on the 1<sup>st</sup> day of class (swimming unaided for a distance of ten yards and ability tread water without a PFD/life jacket) and that they are comfortable in an open salt water environment. Students unable to pass the swim test may not participate in the JSP. **INITIAL YES NO**
- Sailing Experience:** Has your child previously sailed at the OYC? (2023 Level will be confirmed) \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
If NO, please fully describe all previous sailing experience \_\_\_\_\_
- Photograph/Image Release:** I/we agree that photographs/images of my child may be used in legitimate accounts & promotion of the JSP, including social media, and understand neither their identity nor personal information will be published. **INITIAL YES \_ NO**
- Weather/Class Cancellation Policy:** *Sailing in different weather conditions is an integral part of sailing and classes are conducted in the rain.* Students are expected to attend classes and be dressed appropriately FOR ALL WEATHER CONDITIONS. When conditions occur preventing on-the-water classes, indoor sailing skills activities are substituted. I/we understand that the JSP reserves the right to dismiss classes early due to severe weather (such as thunderstorm/lightning activity or high wind/wave conditions) and I/we will be called for an early pick-up time as a result. In the unlikely event of a complete class cancellation, I/we understand that I/we will be notified by phone and that there are NO make-up classes. **INITIAL YES NO**
- Refund Policy:** I/we understand that there is a one week non-refundable registration fee for all applications and accept that no refunds will be issued after May 1 for any other payments made. There will be no refunds or credits issued once the student's enrollment begins, if student fails to arrive to class for any reason, becomes ill, drops out or is expelled from the program. **INITIAL** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- Payment Policy:** I/we understand if there is a balance due, if the application, health & immunization forms are incomplete or not submitted by the date noted in the confirmation email, my child will be unable to participate in the JSP. **INITIAL** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- Physical Contact:** I/we understand that sailing is a physical sport and accept that a certain amount of physical contact may necessarily occur between my child and other students and/or staff members during sailing lessons & demonstrations, equipment & PFD adjustments, application of sunscreen, first aid administration, etc. **INITIAL** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

### JSP STUDENT CODE OF CONDUCT

By enrolling in the OYC's Junior Sailing Program, I agree to follow the rules of the Program and will engage in sportsmanlike conduct and appropriate behavior at all times. I will treat all OYC JSP staff, other JSP students, OYC Members, OYC property, equipment, and facilities with care and respect. I also understand the OYC has a zero tolerance policy for bullying, hitting, offensive or abusive language or behavior, weapons of any kind, nicotine or nicotine delivery devices, drugs or alcohol while on OYC property during camp hours of operation.

STUDENT SIGNATURE \_\_\_\_\_

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**Student Name:** \_\_\_\_\_ / \_\_\_\_\_  
Last First

◆ **SAILING** is an active, outdoor, group experience which requires full and complete participation from ALL students. I/we understand that the Junior Sailing Program reserves the right to determine whether or not a child is able to meet the physical and emotional rigors of the program and understand that the Program relies on the information contained in this application form, medical information and other forms provided on behalf of the child to make this determination.  
**INITIAL\_YES\_NO**

◆ **STUDENT BEHAVIOR/CONDUCT:** I/we assume responsibility for the behavior and conduct of my child while participating in the JSP and confirm that the Student Code of Conduct has been reviewed with my child. In the event of violations of the Code of Conduct or other such circumstances, the JSP reserves the right, at its sole discretion, to expel a student before the completion of their session. I/we assume responsibility for any injuries, damages, expenses, or repairs resulting from my child's actions while enrolled in the Program.  
**INITIAL\_YES\_NO**

◆ **STUDENT PARTICIPATION RISK:** The OYC and the JSP staff make every effort to conduct a safe program and risk management is an essential element of that. While the program anticipates that its efforts will ensure the wellbeing of each child, the JSP is also aware that it is neither possible to foresee every contingency nor to eliminate all risk. Sailing activities inherently involve some risks that children do not routinely encounter at home. I/We recognize and accept that some risk is inherent to sailing as a water sport, including but not limited to grounding, accidental jibes, man-over-boards, sudden variations in wind and sea conditions, submersion in various depths of water, accidental collisions with other watercraft or submerged obstructions, or other hazards to navigation, or equipment failures which may occur without warning. I/We grant full permission for my child to participate in the JSP and acknowledge such risks exist and I hereby agree on behalf of my child to assume such risks. I understand and agree that my child shares the responsibility for their own safety during OYC's JSP activities.  
**INITIAL\_YES\_NO**

◆ I/we understand that the JSP is not a therapeutic program/treatment facility and is not a substitute for one. **INITIAL YES\_NO**

◆ **STUDENT INFORMATION:** By signing this document I/we assume all responsibility, risk or loss arising from inaccurate or incomplete (intentional or accidental) information and agree to indemnify the Orleans Yacht Club, Inc., its officers, directors, staff and successors and assigns against all claims for loss, damage or injuries sustained to my child named on this application relating to such information.  
**INITIAL\_YES\_NO**

◆ **LIABILITY RELEASE:** I/We hereby release, forever discharge, and will absolve, indemnify and hold harmless the OYC's Junior Sailing Program and the Orleans Yacht Club, Inc., its officers, directors, employees, volunteers and members from all liability, damages, claims or demands on account of injury to my child, whether caused by negligence, or otherwise, arising out of or in any way connected with the operation of the OYC's Junior Sailing Program, any activities on, or the use of, any facilities or equipment of the Orleans Yacht Club, Inc. I/We waive(s) any right that heirs, distributees, legal representatives, and assigns may have or acquire to make claim against, sue, attach the property of or prosecute the OYC's Junior Sailing Program or the Orleans Yacht Club, Inc.  
**INITIAL\_YES\_NO**

**PARENT/GUARDIAN SIGNATURE(S) REQUIRED**

I/We have read and accept the terms and conditions set forth on this application, and unless otherwise noted in writing, confirm all information is accurate & complete.

**Primary Parent/Guardian Signature:** \_\_\_\_\_ Date \_\_\_\_\_  
**Secondary Parent/Guardian Signature:** \_\_\_\_\_ Date \_\_\_\_\_

**FEES & PAYMENT**

Tuition Per week:	\$224.00	X _____	# of weeks = _____	(Total)
Tuition Per week, for 4 or more weeks:	\$214.00	X _____	# of weeks = _____	(Total)
Tuition Per week, for all 8 weeks:	\$203.00	X _____	# of weeks = _____	(Total)
Tuition Per week (Beg Opti, Int Opti & ORT)	\$373.00	X _____	# of weeks = _____	(Total)
Tuition Per week, for 4 or more weeks (BO, IO, ORT)	\$356.00	X _____	# of weeks = _____	(Total)
Tuition Per week, for all 8 weeks (BO, IO, ORT)	\$275.00	X _____	# of weeks = _____	(Total)
<b>420 Race Team (ONLY)</b> 420 usage Fee (per week):	\$ 42.00	X _____	# of weeks = _____	(Total)

**NOTE:** When selecting 1 each Intermediate and Opti Race class in one (1) week, enter 2 per weeks .

**Example:**

Tuition Per week:	\$224.00	X 2	# of weeks =	\$448.00 (Total)
Tuition Per week, for 4 or more weeks:	\$214.00	X 4	# of weeks =	\$856.00 (Total)

AMOUNT PAID WITH REGISTRATION (A non-refundable registration fee of one (1) week tuition required with application)  
**AFTER MAY 1, TUITION IS DUE IN FULL WITH ALL APPLICATION(S)**

BALANCE DUE (by MAY 1, 2024 – after May 1 all tuition amounts due in full)

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**Student Name:** \_\_\_\_\_ / \_\_\_\_\_  
Last First

**Payment method:** Check: \_\_\_\_\_ Check #: \_\_\_\_\_ (payable to Orleans Yacht Club) Cash: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Online: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ *(verbal card numbers not accepted for security reasons)*

Name on Credit Card: \_\_\_\_\_ Expiration: \_\_\_\_\_ CSV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

ONLINE PAYMENT INFO: (link on JSP webpage) Date: \_\_\_\_\_ Transaction ID #: \_\_\_\_\_ /Authorization Code # \_\_\_\_\_

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The Orleans Yacht Club, Inc.'s tax ID # is 04-2102842 (the JSP may no longer qualify for child care credit, please consult your tax professional)

**Thank you for choosing the Orleans Yacht Club's Junior Sailing Program!**