2027 OYC Junior Sailing Program (JSP) Application
Orleans Yacht Club, Inc.

P.O. Box 145 ~ 39 Cove Road ~ Orleans, MA 02653 ~ 508-255-9091
office@orleansyachtclub.org ~ www.orleansyachtclub.org

PLEASE PRINT CLEARLY. FILL OUT & RETURN ALL PAGES. KEEP A COPY FOR YOUR RECORDS

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: _____ (Last) _____ (First) _____ (Middle Initial) (_____) (Nickname) ☐ Male ☐ Female

_____ (Age as of June 2027*) _____ (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?** _____

2027 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: 06/28 ____ 07/05 ____ 07/12 ____ 07/19 ____ 07/26 ____ 08/02 ____ 08/09 ____ 08/16 ____
(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.

2027 SCHEDULE & LEVEL DESCRIPTION ON JSP WEBSITE

PRIVATE LESSONS AVAILABLE: $110.00/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

1. **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.
2. Does the student have any physical health issues, diabetes, asthma or chronic medical ailments/diseases/conditions? **INITIAL** ____ **YES** ____ **NO**
   If YES, please describe: _____
3. 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.
4. **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.
5. Have any medications been stopped/paused for the time period they are enrolled? **INITIAL** ____ **YES** ____ **NO**
   If YES, please list: _____
6. Does the student have any other restrictions/issues which the JSP should be aware of? **INITIAL** ____ **YES** ____ **NO**
   If YES, please describe: _____
7. 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: _____
8. **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

1. **Verification of Swim Skills:** I/We verify that my child is able to pass the JSP basic swim skills test given on the 1st 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**
2. **Sailing Experience:** Has your child previously sailed at the OYC? *(2026 Level will be confirmed)* ____ **YES** ____ **NO**
   If NO, please fully describe all previous sailing experience _____
   _____
3. **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**
4. **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**
5. **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**
6. **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**
7. **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**

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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**

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 _____

◇ **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)s any right that heirs, distributes, 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, for 1 - 4 weeks:	$395.00	X	_____	# of weeks =	_____ (Total)
Tuition Per week, for 5 or more weeks:	$370.00	X	_____	# of weeks =	_____ (Total)
Private Lessons per hour (when available)	$110.00				

Receive a 5% discount if you sign up and pay in full by January 29, 2027

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

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Student Name: _____ / _____
Last First

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, 2027 – after May 1 all tuition amounts due in full)

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 # _____

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!