



BYSC Learn to Sail Application 2010

Sailor's Name: _____
 Enrolling in Level 1 ____ 2 ____ 3 ____ 4 ____ Race Team ____
 Age _____ Gender: Male ____ Female ____
 Boat type (race team only): Opti ____ Laser ____ 420 ____

Parent's name: _____ Home phone: _____ Work/Cell: _____

Address: _____

Email address: _____

Another emergency name & phone number: _____

SAILING SKILLS

My child has previously successfully completed Level (circle): n/a (or) 1 (or) 2 (or) 3 (or) 4

<u>Session Dates</u>				<u>Cost</u>
1a)	Level 1	June 7 – June 11 (1 week)		\$200 Members, \$300 Non-members _____
1b)	Level 1	June 14 – June 18 (1 week)		\$200 Members, \$300 Non-members _____
1c)	Level 1	June 21 – June 25 (1 week)		\$200 Members, \$300 Non-members _____
1d)	Level 1	June 28 – July 2 (1 week)		\$200 Members, \$300 Non-members _____
2a)	Level 2	June 7 – June 18 (2 weeks)		\$350 Members, \$450 Non-members _____
2b)	Level 2	June 21 – July 2 (2 weeks)		\$350 Members, \$450 Non-members _____
3a)	Level 3	June 7 – June 18 (2 weeks)		\$350 Members, \$450 Non-members _____
3b)	Level 3	June 21 – July 2 (2 weeks)		\$350 Members, \$450 Non-members _____
4a)	Level 4	June 7 – June 18 (2 weeks)		\$350 Members, \$450 Non-members _____
4b)	Level 4	June 21 – July 2 (2 weeks)		\$350 Members, \$450 Non-members _____
Race Team		June 7 – July 12 (6 Weeks)		\$750 Members, \$850 Non-members _____
TOTAL AMOUNT ENCLOSED				_____

Note: Each level requires completion of the preceding level before enrolling. Email if you have questions concerning appropriate level selection. Race Team requires Level 2 to have been completed.

Sailors must be dropped off at the club between 8:45 and 9:00 am, and must be picked up between 4:00 and 4:15 pm. No sailor supervision is available after 4:15 pm.

REMINDERS:

- Minimum Sailor Age is 8 years old
- Program openings are on a first come, first serve basis.
- Application Submission opens to non-members April 13th.
- Program openings will not be held without a 50% deposit.
- Program fees must be paid in full by May 31, 2010. We will gladly accept your check or credit card payment via telephone.

Beaufort Yacht & Sailing Club • 30 Yacht Club Drive • Beaufort, SC 29907 • 843-522-8216
 Fax 843-522-8216 (please call before sending a fax) • Its@BeaufortSailing.com

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Release of Liability

In consideration of allowing my child, _____, to enroll in the BYSC Learn to Sail Program of the BEAUFORT YACHT & SAILING CLUB, INC., the undersigned, on behalf of his/her minor child, hereby releases and holds harmless the management, instructors and counselors, individually or as agent(s) for the BEAUFORT YACHT & SAILING CLUB, INC., its OFFICERS, DIRECTORS, and MANAGEMENT from any and all liability that they may have as a result of any personal injury and/or property damage or loss the above named individual may incur during the activities of the BYSC LEARN TO SAIL PROGRAM, whether such injury, damage or loss be the result of the participant's fault or otherwise.

Does your child have any medical concerns of which camp staff should be aware? Please list below. _____

I agree to pick up my children by 4:00 pm - 4:15 p.m. each day of the Program.

Signature of the parent: _____ Date: _____

Please include any pertinent information regarding the pick-up of your child from the Beaufort Yacht and Sailing Club Program for the summer of 2010:

Photo, Press, Audio, and Electronic Media Release for Minors

I, Parent/Guardian of _____, hereby consent that the photographs and/or motion picture or videotape for which she/he may pose for, or which may be candid shots, and/or audio recordings made of his/her voice may be used by Beaufort Yacht & Sailing Club (BYSC), its assignees or successors, in whatever way they desire, including television and electronic media. Furthermore, I hereby consent that such photographs, films, recordings, plates and tapes are the property of BYSC, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as they may desire free and clear of any claim whatsoever on my part.

Signature of Parent/Guardian _____ Date _____

Please make check payable to: Beaufort Yacht & Sailing Club
Send to: BYSC, 30 Yacht Drive, Beaufort, SC 29907