

SAILING PROGRAM

- #1 – July 1 – July 5
- #2 – July 8 – July 12
- #3 – July 15 – July 19
- #4 – July 22 – July 26
- #5 – July 29 – August 2
- #6 – August 5 – August 9
- #7 – August 12 – August 16

INSTRUCTIONAL TIME:
7:45AM / 10AM / 1PM

RACING LEVEL:
1 (8AM) OR 2 (12PM)

SAILING INSTRUCTIONAL & RACING LESSONS

24 NEW HAMPSHIRE AVENUE W. YARMOUTH, MA 02673
In season Phone: 508-771-5002
OFFICE: 508-398-2231 ext 1520 or recreation@yarmouth.ma.us

CHILD'S INFORMATION: Resident (PROOF CHECKED) or Non-resident

Name: _____

Address: _____

Age: _____ Phone: _____

Parent email: _____

EMERGENCY CONTACT Information: (other than above)

Name: _____ Relationship: _____

Address: _____

Home(work) phone: _____ Cell phone: _____

MEDICAL INFORMATION REQUIRED:

Does your child need an Epi Pen or Inhaler: Y or N

Does your child have any allergies: Y or N - (if yes, please list) _____

Any past history of a concussion: Y or N - (if yes, please give us date) _____

Does your child have any **medical, special needs, or behavioral concerns** we need to be aware of and assist with,
Please Explain: _____

I authorize transport and treatment of my child, in the event of an extreme emergency where medical attention is needed and a guardian cannot be reached.

Required Signature _____

Refund Policy:

1. NO refund for removal from the program due to disciplinary problems.
2. Refunds will be given for medical reasons ONLY with a Doctor's note submitted when notified immediately.



SAILING PROGRAM Consent and Sign Off

Consent & Release Form:

I, _____(parent/grandparent) of: **(list all children)** _____ hereby consent to my child's participation in voluntary athletic or recreation programs of the Town of Yarmouth. I also agree to forever release the Town of Yarmouth, Board of Selectmen, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town ("the Releases") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town voluntary athletic or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releases against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Yarmouth voluntary athletic or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Town recreation programs with full knowledge that the Releasee will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town recreation programs.

Consent Release Signature _____ Date: _____

Media Release: (Optional)

There will be times when pictures will be taken by staff for our newsletter, website and marketing purposes. Please indicate if you would allow your child(s) likeness and name be used in any capacity Yarmouth Parks and Recreation by signing below:

Media Release Signature _____ Date: _____