



2010 Application Materials

All application material attached

Welcome to the 2010 Nyack Boat Club Junior Sailing Program. On behalf of the club and the program steering committee, we look forward to having your child enrolled in either or both of this season's sessions. The goal of our program is to create a passion for sailing among 8 to 15 year olds. Children will learn to sail in Optimist prams, an internationally recognized child's training and racing boat, Laser Picos, a mid level "crossover" boat, and Club 420s, an internationally recognized racing boat for older sailors. The program will also accept Laser sailors that bring their own boat but will not provide separate instruction from the 420s.

To be clear, the program is not intended to meet the needs of special interest groups, whether it's team racing instruction or private sailing instruction. People who feel that their children need private racing coaching are advised to seek out individual coaching that meets their expectations.

2010 Sessions Dates

Session 1: Monday, June 28th to Friday, July 23rd

Session 2: Tuesday, July 27th to Friday, August 20th

Sessions are 5 days a week (Monday thru Friday) 9:00 am – 4 pm.

Session Fees

Members:	Session 1 - \$800	Session 2 - \$800	Both sessions - \$1250
Non members:	Session 1 - \$1060	Session 2 - \$1060	Both sessions - \$1675

Members, if your child does not bring his/her own boat, he or she will be able to charter a club boat (Optimist or 420) for which your child will be responsible for care and maintenance. A \$135 boat usage fee is required for each 4 week session. Any damage to the boat will be billed to the child's parents/legal guardians. If your child does bring his/her own boat, and has not paid storage directly to the club, a \$35 charge will be assessed for each session. Non-members can not bring a privately owned boat.

Enrollment

We do not book partial sessions. Enrollment priority is given to member families through the last day of February. Members are not permitted to enroll children of non-members. On the first of March, enrollment is open to previously enrolled non-members. We fill in any remaining room with non-members who have not previously been enrolled. We are now accepting applications on a first come first serve basis, as follows:

- NBC members and member families: Now until February 28th, 2010
- Non members, previously enrolled: as of March 1st, 2010
- Non members, not previously enrolled: as of March 3rd, 2010

Applications

Will only be considered accepted if they are completed in full (including the medical and insurance form). In addition, a deposit check made out to Nyack Boat Club for \$100.00 must accompany your application. (Deposit check will be deposited after February 28th). After notification of enrollment in the program, full payment will be due May 1st, 2010.

Refund Policy

Deposits and session fees will be refunded if the application is withdrawn 30 days before start of session, and if a replacement can be found. If no replacement can be found, deposit is forfeited. Within 30 days before the start of the session, refunds for withdrawal will be considered on a case-by-case basis, but in no case will include the deposit.

Admissions Contact

Please return your completed application and all attached forms to:

Nadine Keegan
c/o NBC Junior Sailing
P.O. Box 616
Palisades, NY 10964
Phone: (845) 365-9151
E-mail: njkeegan@mac.com



2010 Application & Waiver Agreement (Ages 8 to 15)

Child's Name: _____ Child's DOB: _____ Weight: _____ Height _____

Address: _____ Street Apt # City State Zip

Home Telephone #: _____ NBC Member: _____ Yes (_____ Name) _____ No

Please indicate the class you wish to enroll your child:

- Beginner Optimist (New to Sailing, age 8-12, weight 120lbs or less)
Intermediate Optimist (Some experience, age 8-14, weight 120lbs or less)
C420 (Age 12-15, Weight Over 100lbs, new to sailing or experienced sailors)
Laser (Age 14-15, Own Boat)

Need to Charter Boat? Optimist _____ C420 _____ (Fee \$135 per 4wk session)

Bring Own Boat? Optimist _____ C420 _____ Laser _____ (Members, only. Storage fee \$35 per 4wk Session or supply proof that you pay NBC directly)

Contact Telephone Numbers/ email addresses:

Father Name Home # Work # email

Mother Name Home # Work # email

Session(s) you wish to enroll your child: Session 1 (June 28 - July 23) Session 2 (July 27 - Aug 20) Both

Fees per session (tax included): Members: Session 1 - \$800 Session 2 - \$800 Both sessions - \$1250
Non members: Session 1 - \$1060 Session 2 - \$1060 Both sessions - \$1675

To hold a spot for your child, a deposit of \$ 100.00 per session is required to accompany this application, along with a completed medical and insurance form. Make checks payable to NYACK BOAT CLUB and mail to:

Nadine Keegan Care of NBC Junior Sailing P.O. Box 616 Palisades, NY 10964

Nyack Boat Club Members receive first preference until 2-28-2009, after which all program openings will be assigned on a first come/first served basis until all openings are filled. Refund Policy: deposits and session fees refunded if application is withdrawn 30 days before start of session, and if a replacement can be found. If no replacement can be found, deposit is forfeited. Within 30 days before the start of the session, refunds for withdrawal will be considered on a case-by-case basis, but in no case will include the deposit. After notification of enrollment, full payment will be due May 1st, 2010

RELEASE: I agree that if the Nyack Boat Club accepts my child in the Junior Sailing Program, I hereby release the Nyack Boat Club or its agents, officers, servants or employees from any and all responsibility and liability to me for and in connection with any harm resulting to my child from participation in this program. Further, I understand that proper behavior is essential to the safety and well being of my child and others, and failure to comply with the rules of conduct may result in my child's dismissal from the program.

SIGNATURE OF PARENTS OR GUARDIANS (REQUIRED)

Date _____



Medical and Insurance Form

File a separate form for each enrolled child. To insure the safety of you children when involved in the Nyack Boat Club Junior Sailing Program activities, we require that parents fill out the following form for each child involved in the program. This form will be filed in the NBC Junior Sailing files and will be maintained by the Head Instructor of the program. This form will accompany each child when away from the boat club.

Child's Name: _____ Home Telephone Number: _____

Address: _____
Street Apt # City State Zip

Family Physician: _____ Telephone Number: _____

Address: _____
Street Apt # City State Zip

Insurance Company: _____ Telephone Number: _____

Address: _____
Street Apt # City State Zip

Policy / Group: _____ Policy holder name: _____ SSN # _____

Has your child been treated for: Rheumatic Fever Heart Disease Chronic Lung Disease
 Asthma (Carry puffer) Epilepsy
 Allergies (Carry Epi Pen) Chronic Ear Disease

Other (explain) _____

Last Physical Examination _____

Current Medication _____

I, the undersigned, do hereby consent for the child named above to any emergency X-Ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any medical staff or of a dentist licensed under the provisions of the Education Law and/or Public Health Law of the State of New York and on the staff of any hospital holding a current operating certificate issued by the Department of Health of the State of New York. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Signed: _____

Date: _____

In case of emergency, please contact:

Name: _____

Phone: _____

Name: _____

Phone: _____