



# SAUNDERSTOWN YACHT CLUB

## 2011 Junior Sailing Program

"There is nothing - absolutely nothing - half so much worth doing as simply messing about in boats."  
Kenneth Grahame, *The Wind in the Willows*

Long steeped in tradition, Saunderstown sailing lessons train our juniors in the art and skill of sailing. Through hands-on experience and class instruction, we provide a safe and fun environment where sailors of all ages (8 to 18) and abilities can improve their sailing skills, while learning respect for their fellow sailors, boats, and the water. Above all, our goal is to have our sailors safely enjoy their time on the water.

\* Membership at Saunderstown Yacht Club is not required to participate.

### Classes

**Beginners** No experience necessary... Students will learn to handle an Opti sailboat in various winds. The focus will be on the fundamentals of sailing, rigging, safety and boat handling.

**Intermediates** Sailors will expand on their knowledge of boat handling techniques and begin racing drills. Learning to sail upwind and gybing are ways to gain confidence.

**Mariners** With an emphasis on sailing technique, students will be introduced to 'team' skills, as both skipper and crew. The focus will be on the fundamentals of sailing, rigging, safety and boat handling.

**Racing I (Optimists)** Students will perfect boat handling skills and dive deeper into racing and sail theory learning more about wind, current, and racing techniques. Day trips will also be a part of this class. It is expected that students will bring their own boat (club boats are available for rental fee).

**Racing II (420's)** Students will perfect boat handling skills and dive deeper into racing and sail theory learning more about wind, current, and racing techniques. Day trips will also be a part of this class. It is expected that students will bring their own boat (club boats are available for rental fee).

## Program Dates

Program begins week of June 27<sup>st</sup>.

Junior Race Week (NBYA): August 10<sup>th</sup> – 13<sup>th</sup>.

Program ends August 19<sup>th</sup>.

## Schedule

	Monday			Tuesday		Wednesday		Thursday			Friday			Saturday	
9 am	Beginner - 1	Intermediate - 1	Mariner	Race 1	Race 2	Beginner - 2	Intermediate - 2	Intermediate - 1	Mariner	Race 2	Beginner - 1	Race 1	Race 2		
10 am															
11 am															
12 pm															
1 pm	Beginner - 2	Intermediate - 1	Mariner	Race 1	Race 2	Beginner - 1	Intermediate - 2	Intermediate - 2	Mariner	Race 2	Beginner - 2	Race 1	Race 2	Club Races Race 1 & 2	
2 pm															
3 pm															
4 pm															

## Registration

**NON-MEMBERS:** Registration will begin on April 1st, 2011. Forms may be sent by regular mail. Class availability will be on a first come, first served basis.

**MEMBERS:** Members will be able to register through their Membership Renewal Form. After March 31<sup>st</sup>, the policy will be first come, first served whether member or non-member. Member's prices include Member's children, grandchildren, or Junior members.

**FEES:** Class fees shall be paid in full and accompanied with completed application forms to guarantee registration in the desired class/classes. There will be a \$50 cancellation charge for any cancellations or changes up until the first week of the class; after that time there will be no refunds.

## Contact

**Program Director** Catherine Roche: phone: 789-3359 email: catherineroche@cox.net



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### REGISTRATION FORM

Sailor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age(at class date): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Home: (\_\_\_\_)\_\_\_\_\_ Work/Cell: (\_\_\_\_)\_\_\_\_\_

Dad's Name: \_\_\_\_\_ Home: (\_\_\_\_)\_\_\_\_\_ Work/Cell: (\_\_\_\_)\_\_\_\_\_

#### Course Information:

Beginner	\$475	_____
Intermediate	\$475	_____
Mariners	\$500	_____
Racing I	\$500	_____
Racing II	\$625	_____

#### Full Payment must be included with application:

\$\_\_\_\_\_ Class Fees  
 \$\_\_\_\_\_ Boat Fee (\$150)  
 \$\_\_\_\_\_ Boat Storage Fee (\$25)  
 \$\_\_\_\_\_ Total Payment Enclosed

#### Payment Information:

##### Payment Information:

Checks must be made payable to "Saunderstown Yacht Club". Class fees shall be paid in full and accompanied with application forms. There will be a \$50 cancellation charge; after the first week there will be no refunds.

Racing students using club boats will be assessed per diem for use at Races and Regattas.

**T-Shirts:** Students receive a SYC Jr. Sailing Shirt.

Youth Med	Youth Large	Adult Small
Adult Med	Adult Large	Adult XL

#### Release of Liability and Hold Harmless Agreement:

I am the parent or legal guardian of, \_\_\_\_\_, a minor ("Child"). To induce the Saunderstown Yacht Club, it's employees, agents, insurers, members, trustees and officers (hereinafter collectively and individually referred to as "SYC") to permit Child to enroll and participate in SYC's junior sailing programs and related SYC activities, **I hereby release SYC and agree to hold SYC harmless from any and all claims for injuries to Child or damages suffered by Child as a result of negligence of SYC and accept full responsibility of the cost of treatment for any injury suffered by Child while participating in SYC programs, or in transit to or from SYC.** I acknowledge that there is risk of injury inherent in sailing and accept the risk on behalf of Child. I represent that I am authorized by every other person standing in a similar relation to Child to make this agreement on his or her behalf. The term of this agreement shall be one year, unless earlier terminated by written notice to SYC, except that it shall not expire or terminate as to occurrences while it is in effect.

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Equipment/Life Jacket:

Every student is required to bring a Coast Guard approved life jacket, appropriate clothing (rash guard, foul weather gear), and proper footwear (no crocs, sandals, etc.) to class each day.

*Please send this form along with check made payable to "Saunderstown Yacht Club" to:  
Catherine Roche, SYC Jr. Sailing Program, P.O. Box 14, Saunderstown, RI 02874.*

## PARENTAL CONSENT FORM FOR MEDICAL EMERGENCIES

Every effort will be made to contact the parent or legal guardian in case of a medical emergency, serious injury or if surgical intervention is deemed necessary. Because parents sometimes cannot be reached, we request that the parent or legal guardian complete and sign the following statement for each child enrolled in the Saunderstown Yacht Club Junior and Skipjack classes and activities.

I authorize the Commodore or his representative to act on my behalf in case my child, \_\_\_\_\_, is the victim of an accident, injury, or illness when immediate medical or surgical care is needed, provided the Commodore or his representative make reasonable effort to first notify me of the situation and obtain my preferences. If such efforts to contact me are unsuccessful, I authorize the Commodore or his representatives to secure medical or surgical care for my child and to take such action and give such consents on my behalf as he determines, based upon the medical advice given, in the interest of my child.

In the selection of physicians and surgeons, I request that the Commodore, or his representative, contact and be guided by the recommendations of \_\_\_\_\_, MD.

If Dr. \_\_\_\_\_ cannot be reached (or if no physician is specified herein), I authorize the Commodore or his representative to obtain appropriate medical or surgical care. I authorize SYC to release information to facilitate the medical or surgical care of my son or daughter or as is necessary for the completion of a claim for health insurance.

This release is effective for a period of one year from the date given below. I also hereby assume the responsibility for payment of any such treatment.

Date: \_\_\_\_\_

\_\_\_\_\_  
Doctor's Name and Phone Number

\_\_\_\_\_  
Father's Signature / Legal Guardian

\_\_\_\_\_  
Mother's Signature / Legal Guardian

Phone Numbers

Mother: Home \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_

Father: Home \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_

## SYC JUNIORS AND SKIPJACK MEDICAL INFORMATION

**Parents**, please note that it is necessary for each of you junior/skipjack members who are participating in any SYC activity to have this medical information form on file at the SYC Clubhouse. Therefore, please have a copy made and filled out for each of your children.

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHYSICIAN' S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ATHLETIC RESTRICTIONS? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

KNOWN ALLERGIES \_\_\_\_\_

KNOWN MEDICAL PROBLEMS \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

HEALTH AND HOSPITAL INSURANCE COVERAGE \_\_\_\_\_

POLICY NO. \_\_\_\_\_

NAME OF INSURED \_\_\_\_\_

If we can not reach you or the doctor, who should we call in an emergency?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_