

Ida Lewis Yacht Club
Junior Committee
P.O. Box 479
Newport, RI 02840

WELCOME TO TEAM IDA Big Boat Sailing Team! Summer 2010!

Ages 14-18

(Participants must be 14 years old as of 1/1/2010)

This is a one day a week program. Tuesday Evening BIG Boat Program.

Keelboat Experience

Limited to participants to be qualified upon application.

Experience the thrill of steering, trimming and handling a bigger keelboat!

Try all positions (bow, mast, pit, trim, steering, navigate)!

The goal: By program's end, the team will be racing around the buoys in
Jamestown Tuesday Night Series

**2010 Program Schedule Tuesday evening, 6 PM - 8 PM
Six Week Session. Dates to be determined.**

Please note: There will be no refunds for cancelled classes due to inclement weather or other reasons.
There will be no make-up days.

Equipment: Junior Sailors must wear a Coast Guard approved life jacket (PFD) when in any vessel or on any floating docks. In addition, they must have a hat, sunglasses, sunscreen, and a water bottle and boating shoes (bare feet are not allowed at any time, closed toe shoes are required.) A t-shirt must be worn while on the docks.

Enrollment: Members and non members sign up is open for these classes. Registrations will be prioritized by date of receipt. Members will receive priority on registrations received prior to April 1st. After April 1st, selection will be based on a first come, first serve basis. Non members will need an Ida Lewis Yacht Club sponsor to enroll your child in Ida's junior sailing program. Please include sponsor member's name and email address on registration form.

Application deadline is May 1st. This deadline is necessary for planning and staffing purposes.

Questions: If you have any questions, please contact: GLRyley@gmail.com

**IDA LEWIS YACHT CLUB JUNIOR SAILING PROGRAM
2010 REGISTRATION FORM
FOR ALL CLASSES**

CLASS:

REGISTRATION CHECKLIST & PAYMENT OPTIONS

For each student registering, please submit:

- Completed 2010 Registration Form • Invoice Form with Deposit • Liability Waiver • Medical Form

Mail ALL above to: Ida Lewis Yacht Club, Junior Committee, P.O. Box 479, Newport, RI 02840

APPLICATIONS WILL BE "RECEIVED" AND PROCESSED ONCE ALL PAPERWORK IS COMPLETE

REGISTRATION DEADLINE IS March 15th

Jr. Sailor Name:		Birth Date:	_/_/_	Is student an Ida Lewis Member?			
				Yes	No		
Jr.'s Cell #:		Grade Entering 9/10:		If No, Sponsor's Name:			
Jr.'s Email:							
				Sponsor's Email:			
Mother's Name:		Father's Name:					
Mother's Cell #:		Father's Cell #:					
Mother's Work #:		Father's Work #:					
Mother's Email:		Father's Email:					
Address:				Home Phone :			
City:		State:		Zip:			
T-shirt Size							
Adult		S	M	L	Youth	M	L
Parent would like to help with							
Opti Regatta		Junior Fundraiser		Awards Banquet			

Level of Ida Lewis participation in 2009 (please check one)							
Opti Beginner	Opti Intermediate	Opti Race	420	Hunter	Commodore	Big Boat	None
Other Sailing Experience:							
What are your goals and expectations of your child's experience at ILYC?							

If you have questions regarding your child's class placement,
please contact glryley@gmail.com

Class sizes are limited and will be filled on a first come, first served basis.

Ida Lewis Yacht Club
 Junior Committee
 P.O. Box 479
 Newport, RI 02840

**IDA LEWIS YACHT CLUB JUNIOR SAILING PROGRAM
 2010 BIG BOAT INVOICE FORM
 FOR BIG BOAT SAILING TEAM**

Please complete the following
 and return to ILYC:

2010 REGISTRATION FORM
 2010 BIG BOAT INVOICE FORM (this form) with DEPOSIT
 PARENTS' CONSENT & WAIVER OF LIABILITY FORM
 MEDICAL HISTORY & RELEASE

Junior Sailor Name:		<i>Summer 2010</i>
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STEP 1:		
Big Boat Sailing Team	\$185	
STEP 2 : Non member registration for "Special" Junior Membership Fee if junior sailor's parents are not members of ILYC		
NON Members ONLY		
\$40 Adder for BIG BOAT for Special Junior	\$ 40	+
SUBTOTAL:		
Non Refundable DEPOSIT \$30 for members, \$50 for non members		-
BALANCE:		

ILYC Members: \$30 non refundable deposit required for each sailor. Payment options on registration. Members deposit will be billed upon receipt of registration, balance will be billed May 1st.

Non members: Non members submit \$50 non refundable deposit for each sailor. Payment in full must be received by May 1st. Non member fee includes special junior membership dues.

Fees include: Instruction, facility use during class hours, program costs.

No program fee refunds: After May 1st. (Deposits are non refundable)

Members, Non refundable deposit (\$30) Check for deposit enclosed Charge deposit and balance to my credit card Charge deposit and balance to my ILYC account	Non Member, Non refundable deposit (\$50) Check for deposit enclosed Charge deposit to my credit card ** Balance to my credit card May 1 st **
VISA/MC # _____ EXPIRATION _____ AMOUNT _____ Signature _____	
Non-refundable deposits will be refunded only if the program cannot accommodate your child.	

Parent's Consent & Waiver of Liability – Assumption of Risk Indemnity Agreement

****Please send in one copy for each participating child in the family****

Junior Sailor Name:

Summer 2010

I the undersigned parents or legal guardians (hereafter referred to in the singular) of _____ (the "child"), request and consent that the child be permitted to participate in events sponsored, endorsed, or assisted by Ida Lewis Yacht Club, including the use of boats that may be owned or maintained by said Ida Lewis Yacht Club (the "activities"). In consideration of such permission being granted, I agree as follows:

1. **WAIVER OF LIABILITY:** I for myself, my child, my heirs, personal representative and assigns forever release, remise, discharge and agree to save and hold harmless and indemnify Ida Lewis Yacht Club, its members, directors, officers, agents, employees, volunteers and owners and lessees of premises, upon which activities are held, the participants therein and the owners and lessees of all race equipment used therein (herein referred to as "the Releases") of and from any and all liability, claims, actions, and possible causes of actions whatsoever, including negligence of any of the foregoing that may accrue to me, my child, my heirs, and personal representatives and assigns from every and any loss, damage and injury (including death) that may be sustained to me, my child and property while in, about, and enroute into and out of premises and property upon which the activities are held.

2. **ASSUMPTIONS OF RISK:** I am aware that the activities involve potentially hazardous conditions, which may include, among other things, maneuvering a boat on deep waters, strong winds and high waves, sudden unexpected immersion in deep waters and collision with other watercraft or stationary objects such as docks, pilings, piers and buoys. With knowledge of the dangers involved, I voluntarily ask and consent that my child be allowed to take part in the activities. I **ACCEPT ANY AND ALL RISKS TO MYSELF AND MY CHILD OF INJURY, DEATH AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF FACILITIES AND PROPERTY OF IDA LEWIS YACHT CLUB, SPECIFICALLY INCLUDING ANY INJURY OR DAMAGE CAUSED BY THE NEGLIGENCE OF ANY OF THE RELEASEES.**

3. **INDEMNITY AGREEMENT:** I agree to indemnify and hold releases harmless from any loss, liability, damage or cost including reasonable attorney's fees they may sustain or incur due or relating to my child's participation in the activities and use of the property and facilities of Ida Lewis Yacht Club, specifically including any such loss, liability, damage or cost resulting from the negligence or other action, of the Releases.

NOTICE: Rhode Island Law provides that certain persons who assist in organizing or conducting youth sport programs under the auspices of a non-profit corporation, such as the Ida Lewis Yacht Club, are immune from civil liability (RI General Laws 9-1-48).

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES WAIVER OF LIABILITY, AN ASSUMPTION OF RISK AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASEES, AND I SIGN IT OF MY OWN FREE WILL.

Parent's Signature

Date

Witness

**IDA LEWIS YACHT CLUB JUNIOR SAILING PROGRAM
MEDICAL HISTORY & RELEASE**

Summer 2010

****Please send in one copy for each participating child in the family****

Junior Sailor Name:		
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CLASS

Mother _____ Father _____
Phone: Home _____ Home _____
Work _____ Work _____
Cell _____ Cell _____

Address _____

Summer Address (if different) _____

Emergency Contact: Name _____ Relation _____

Phone: Home _____ Work _____ Cell _____

My child is healthy and may participate in all activities related to the Junior Sailing Program.

Parent/Guardian Signature _____

Child's Physician _____

Physician's Phone Number _____

Medications _____

Allergies _____

Other medical conditions or concerns: (recent surgery, asthma or other breathing problems, hemophilia or other bleeding problems, seizures, diabetes, etc.). _____

Is there anything we should know that can make this a fun and happy summer for your child?

Medical Insurance Information: Parent/Guardian's Insurance Coverage:

Policy Holder _____ Carrier _____

Policy # _____ Group # _____

As the parent/guardian of the above named student, I hereby acknowledge that the risk of injury, including serious debilitating injury, is involved in athletic participation. I recognize that Ida Lewis Yacht Club and the Junior Sailing Program and their representatives make efforts to reduce these risks, but further recognize that their efforts cannot and will not eliminate all such risks. I am aware of the risks involved, and give my consent for the above named student to participate in all activities associated with Ida Lewis Yacht Club and the Junior Sailing Program.

I am aware that Ida Lewis Yacht Club and the Junior Sailing Program does not carry medical insurance for students and that medical insurance coverage will be provided by parent/guardian. Evidence of such coverage is provided above. I further release and hold harmless Ida Lewis Yacht Club, the Junior Sailing Program, its Officers, Directors and employees, from any and all liability arising from the above-named student's participation in the Ida Lewis Yacht Club, the Junior Sailing Program and all related activities.

PARENT/ GUARDIAN EMERGENCY TREATMENT AUTHORIZATION

I hereby grant permission to any appropriately qualified health care professional to give any and all medically appropriate emergency care to my son/daughter/ward, including but not limited to anesthesia and surgery.

Signature: _____ Date: _____