

RCYC 2024 SUMMER JUNIOR **SAILING PROGRAM APPLICATION**

All programs will run from July 1st to August 15th.
June 22nd will be Orientation Day; Classes will begin on July 1st.

CLASS A - BEGINNER OPTIMIST - MINNOWS

CLASSES 9:00am – 12:00 pm

Monday – Thursday (4 days a week)

\$850 Non-Member / \$750 RCYC Member

CLASS B - INTERMEDIATE OPTIMIST - STINGRAYS

CLASSES 1:00pm – 4:00 pm

Monday – Thursday (4 days a week)

\$850 Non-Member / \$750 RCYC Member

CLASS C - C420/JY-15 - FLYING FISH

CLASSES 12:30pm – 4:30 pm

Monday – Thursday (4 days a week)

\$950 Non-Member / \$850 RCYC Member

- Registration is open to students of all experience levels between ages **7-18 years old**.
- Club Member children/grandchildren, returning students, and students with a Club Member sponsor will be given **priority** in registration.
- Enrollment in Intermediate Optimist and 420/JY-15 classes will be **subject to instructor approval**.
- A \$100 discount per student will be applied to registration for **current RCYC members**.
- All posted forms are required by the **FIRST DAY OF CLASSES**. Sailors may not participate in classes if all forms are not submitted.

Contact for Further Information:

Erika Papagni (718) 356-4120, officemanager@rcyachtclub.org

Jr. Sailing Committee Chairman, Carl Peters PC (609) 751-4104, sailing@rcyachtclub.org

Jr. Sailing Director, Carolyn Ottesen rcycjrsailing@gmail.com



RCYC 2024
SUMMER JUNIOR SAILING APPLICATION FORM

Please complete a separate form for each student

Member Name _____ Club # _____

Student Name: _____

Address: _____

Phone # _____ Age _____

Parent Email: _____

CLASS Optimist Beginner Optimist Intermediate C-420/JY-15

STATUS Non-Member Member Name St. Joseph by the Sea

T-SHIRT SIZE YS YM YL AS AM AL AXL

Send this completed form with a non-refundable deposit of \$75.00 per student to:

Richmond County Yacht Club

Attn: Junior Sailing

142 Mansion Ave

Staten Island, NY 10308

The above deposit of \$75.00 will be deducted from your total Jr. Sailing School bill.

PLEASE RESPOND BY JUNE 8th

**Richmond County Yacht Club
Junior Sailing Program 2024
Medical Form**

Name of Student: _____

Emergency Contact:

Name: _____ Relationship: _____

Home #: _____ Work #: _____

Cell #: _____

Name: _____ Relationship: _____

Home #: _____ Work #: _____

Cell #: _____

Physician's Name: _____

Physician's Phone #: _____

Health Insurer: _____

Policy Number: _____

Medical Information

Please check all that apply and provide any additional information below:

Chronic Ailments/Limitations		Allergies	
Asthma or Respiratory Issues		Latex	
Diabetes or Hypoglycemia		Food	
Hemophilia or other Blood Problems		Bee, Wasp, Other Stings	
Circulatory or Heart Problems		Do you Carry an Epi-Pen?	Y / N
Epilepsy or Seizures		Other	
Glasses or Contacts		Other	
Hearing or Vision Issues		Other	
Other		Medications (Please List)	

Medication Information

Daily Medications	Dosage

Additional Information

Parent/Guardian Signature:

Name (in print): _____

Date: _____

VISUAL/AUDIO IMAGE RELEASE FORM

I grant permission to the Richmond County Yacht Club , its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. I agree that Richmond County Yacht Club owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as web sites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as any other uses by the Richmond County Yacht Club I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I release the Richmond County Yacht Club and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.

Student Name: _____

Telephone: _____

Email Address: _____

Mailing Address: _____

I am at least 18 years of age and competent to sign this release. I have read this release before signing. I understand its content, and I freely accept the terms.

Student Signature (if 18 years or older): _____

Parent/ Guardian Signature (if student under 18 years): _____

Date: _____

JUNIOR SAILING PROGRAM WAIVER

We, the undersigned being an applicant for admission to the **Richmond County Yacht Club** Sailing School and a parent/guardian of the applicant, do hereby acknowledge that participation in the Sailing School and/or Racing Program poses certain inherent risks which cannot be avoided and acknowledge that we are accepting those risks.

In consideration of the acceptance of applicant's application, we release and forever discharge the **Richmond County Yacht Club**, its Officers, its Board of Directors, its Sailing School Committee, their servants, agents, and employees, from any claim for property damage, injury or death arising out of or during the course of any participation in the Sailing School Program.

We represent that we have and will maintain sufficient coverage under our homeowner's or tenant's liability insurance policy for any negligent acts of applicant in his/her pursuance of school activities.

We further certify that, to the best of our knowledge, the applicant is in good physical condition and suffers from no physical, emotional or mental impairment, which would adversely affect his/her ability to safely participate in sailing activities.

Student Name: _____

Date

Parent/Guardian Name

Parent/Guardian Signature

RCYC Junior Sailing
(Hereinafter referred to as RCYCJS")
Parents / Participant's Agreement
Medical Release, Consent, Waiver of Liability, and Assumption of Risk

I, _____, (parent/legal guardian) do hereby affirm, that I am the legal parent and /or guardian of _____, (name of child) and by my signature hereto, I do expressly consent , authorize and agree to the following concerning my child's participation in any activity of RCYCJS. I further affirm that I am legally qualified to provide the consent and authorization made herein. I further understand that any violation of the foregoing and/or revocation of the consent and authorization may be grounds to prohibit the child named herein from participation in any activity of RCYCJS:

Medical Release:

In the event of an emergency requiring medical attention for my child, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any medical professional licensed under the laws of the State of New York. I understand that this permission 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 medical personnel in the exercise of their best judgement may deem advisable. I understand that reasonable efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if I cannot be reached.

Participation Consent - Waiver of Liability - Assumption of Risk:

To permit my child to participate in all of the activities of RCYCJS (herein referred to as "the activities"), I do hereby further consent , authorize and agree as set forth below which consent, authorization and agreement is given to permit the child named herein participate in the activities/programs and to use the facilities, equipment, and property of RCYCJS and/or the Richmond County Yacht Club, (RCYC), and I make the following promises and warrant the truth of the following facts:

- A. PARENTAL CONSENT FOR MY CHILD AND ME:** I am familiar with the programs included in the activities , and I understand officers and employees of the RCYCJS are available to discuss the activities should I wish additional information. I also understand that I, or the appointed chaperone, is solely responsible for the arrival and departure of my child at the beginning and end of each day's program. I will not allow my child to remain on the premises of the RCYC, unless by prior arrangement with the Sailing Director and for a specified, agreed upon length of time, after each day's program. I agree that otherwise, the RCYCJS or RCYC will have no responsibility for the supervision of my child or me at times other than during the scheduled activities. I shall inform my child that he/she is expected to cooperate with and follow the directions of the persons in charge of the activities and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.
- B. HEALTH OF MY CHILD:** My child is in good health, and I know of no reason why he/she would be incapable of participating in the activities of RCYCJS. My child knows how to swim.

C. WAIVER OF LIABILITY: I waive and release my rights that I, my heirs, distributees, guardians, legal representatives, and/or assigns may have or acquire to make a claim against, sue, attach the property of or prosecute the RCYC or any of their members, directors, officers, agents, employees and affiliated organizations (herein referred to as "the releases") for monetary damages caused by injury or damage to the property of my child or me or arising from my child's participation in the activities and use of facilities and property of RCYC, whether or not the injury or damage results from the negligence or other action, except intentional acts of any of the releasees.

D. ASSUMPTION OF RISK: I am aware that the activities of RCYCJS may involve risks maneuvering a boat, sailboat or other watercraft on land and in deep water, in potentially hazardous conditions, which may include strong winds, high waves, sudden unexpected immersion in deep waters, and collision with other watercraft or stationary objects such as docks, pilings and buoys. With the knowledge of the risks involved, I voluntarily register my child to participate in the activities of RCYCJS.

I ACCEPT ANY AND ALL RISKS TO MY CHILD OR ME OF INJURY, DEATH, AND PROPERTY OF RCYCJS AND THE RCYC, WHETHER OR NOT CAUSED BY NEGLIGENCE AND OR OTHER ACTION.

This consent and authorization shall remain in effect until the Parent/Legal Guardian, granting this consent/authorization, notifies RCYCJS in writing, that said consent/authorization is revoked.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Printed name of Registered Sailor