



# 2010 Charleston Community Sailing Inc. SAILING CAMP APPLICATION

[www.charlestoncommunitysailing.org](http://www.charlestoncommunitysailing.org)

Students Name:		Birthdate/Age:	
Address:		City, State, Zip	
Mother's Name:	Day Phone:	Evening Phone:	
Father's Name:	Day Phone:	Evening Phone:	
Email:		How did you hear of us?	
Sailing Experience:			

**Registration and Policy Guidelines:** To register, please fill out both sides of the application, sign and include payment for the full amount of the session. If the session you have applied for is full, a full refund will be given or credited towards another session. Please make checks payable to: Charleston Community Sailing Inc. Please mail registration and full payment to:

**Charleston Community Sailing Inc., P.O. Box 21811, Charleston, SC 29413 Phone: (843-607-4890)**

BEGINNER SAILING	ADVANCED SAILING	MASTERS RACING	JR. INSTRUCTOR PROGRAM
<b>I: June 7-18 (9a-12p)</b> <input type="checkbox"/> \$300.00	<b>I: June 7-18 (2-5p)</b> <input type="checkbox"/> \$325.00	<b>I: June 7, 14, 21, 28</b> <input type="checkbox"/> 1- \$90.00 <input type="checkbox"/> 2- \$180.00	<input type="checkbox"/> June 7-11 (9a-12p) <input type="checkbox"/> June 14-18 (9a-12p) <input type="checkbox"/> June 21-25 (9a-4p) <input type="checkbox"/> June 28-July 2 (9a-4p) <input type="checkbox"/> July 5-9 (9a-4p) <input type="checkbox"/> July 12-16 (9a-4p) <input type="checkbox"/> July 19-23 (9a-4p) <input type="checkbox"/> July 26-30 (9a-12p) <input type="checkbox"/> August 2-6 (9a-12p) <input type="checkbox"/> August 9-13 (9a-12p)
<b>II: June 21-July 2 (9a-12p)</b> <input type="checkbox"/> \$300.00	<b>II: June 21-July 2 (2-5p)</b> <input type="checkbox"/> \$325.00	<b>II: July 12, 19, 26 &amp; August 2</b> <input type="checkbox"/> 1- \$90.00 <input type="checkbox"/> 2- \$180.00	
<b>III: July 19-30 (9a-12p)</b> <input type="checkbox"/> \$300.00	<b>III: July 19-30 (2-5p)</b> <input type="checkbox"/> \$325.00	<b>III: August 9, 16, 23, 30</b> <input type="checkbox"/> 1- \$90.00 <input type="checkbox"/> 2- \$180.00	
<b>IV: August 2-13 (9a-12p)</b> <input type="checkbox"/> \$300.00	<b>IV: August 2-13 (2-5p)</b> <input type="checkbox"/> \$325.00	<b>* NEW for '10 - O' Pen Bics *</b> <i>Sail with us this summer and also try out the fleet of O' Pen Bics for a fun and dynamic sailing experience.</i>	
<b>Boat Preference:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Optimist   420   Unsure	<b>Boat Preference:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Optimist   420   Unsure		<b>Boat Preference:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Optimist   420   Both

**Confirmation:** Confirmation of your registration will be e-mailed. If the session is full, you will be notified by phone. Every effort will be made to place you in another session or you can be placed on a waitlist. Sessions are filled on a first-come, first-served basis.

**Session Cancellation Policy:** If you wish to cancel, please notify CCSI office at least one week prior to the start of the session to receive a refund, after that time there are NO refunds. Refunds are subject to a \$30 cancellation fee. We reserve the right to cancel courses due to insufficient enrollment. If a class is cancelled, full credit for the class will be issued with notification information.

**Weather/illness Cancellation Policy:** Classes may be cancelled due to weather. When poor weather conditions occur, other sailing related activities are put into practice. Refunds/make-up classes will not be given due to weather or classes missed due to illness.

**Swimming Requirements:** Children must be comfortable in and around water and be able to swim unaided and tread water. A swimming check out with lifejacket on will be given on the first day of class. This will allow the staff to check the swimming abilities of your child. The staff will also conduct a water orientation with a sailboat in order to teach self-rescue techniques.

**Student Conduct:** Students are required to follow the CCSI. code of good conduct. Respect for fellow students, safety, equipment, and the facility are paramount. When behavioral problems occur, every effort will be made to resolve the problem. If the behavioral problem is repeated or is serious, a Charleston Community Sailing Inc. staff member will contact the parent. There are no refunds for expulsion from CCSI for behavioral problems.

**Total Amount:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Initials:** \_\_\_\_\_



# 2010 Charleston Community Sailing Inc.

2010 Medical & Liability Release Form

[www.charlestoncommunitysailing.org](http://www.charlestoncommunitysailing.org)

Students Name:	Birthdate/Age:
Address:	City, State, Zip
Guardian's Names:	Guardians Email:
Day Phone:	Evening Phone:
Should the participant be in need of medical treatment, do you give permission for this to be done in the event you can not be reached promptly? _____YES _____NO	
<input type="checkbox"/> Check here ONLY if you do NOT want your child photographed, or included in any future CCSI materials <input type="checkbox"/> Check here ONLY if you do NOT want to be included in future CCSI mailings	
Doctor Name:	Phone:
Medical Plan:	Medical Plan #:
Allergies (food or medication), or special instructions:	
Emergency Contact/Phone:	

Please include with registration form and send to: Charleston Community Sailing Inc., P.O. Box 21811, Charleston, SC 29413

### Emergency Treatment Authorization

I/We the undersigned parent, parents, or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical diagnosis rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the Dental Practice Act and on the staff of any acute general hospital from the State of South Carolina Department of Public Health. 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 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.

### Release

The undersigned parent/guardian recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to accept his/her child into Charleston Community Sailing Inc., the undersigned parent/guardian covenants and agrees to hold harmless and indemnify the Charleston Community Sailing Inc. and The Charleston City Marina its officers, directors, employees, and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to a person or damage to any property arising out of or in anywise connected with the operation of the Charleston Community Sailing Inc. or any activities, events on or the use of any facilities or equipment of Charleston Community Sailing Inc.. I grant full permission for Charleston Community Sailing Inc. to use photographs of my enrolled child in the legitimate accounts and promotion of this class.

### Certification of Swimming Skills

I/We the undersigned parents or legal guardian does hereby certify our child can swim unaided for 40 yards and tread water.

### Parental Agreement

I/We understand that I/we are responsible for our child's or grandchild's behavior and conduct while at the Charleston Community Sailing Inc. and will see to it that our child adheres to the program rules. I/We agree to assume the obligation for expenses of repair and/or replacement of program equipment that is attributed to our child's reckless or irresponsible behavior and the expense of medical care if our child is injured. I/We agree to make an appointment for a parent/instructor or coach conference if requested.

\_\_\_\_\_  
Signature of Guardian Date

\_\_\_\_\_  
Signature of Student (Yes, I agree with the student conduct.) Date