

**NEW ORLEANS YACHT CLUB
2021 JUNIOR SAILING CAMP APPLICATION**

Session 1	Session 2	Session 3	Session 4
May 31-June 11	June 14-June 25	July 5-July 16	July 19 – July 30

Sessions are Monday through Friday from 9am to 3pm. Please check session(s) you wish to attend. All children must complete a swim check prior to the 1st day of camp.

Registration fee is \$450 per session (\$385 for members) and does NOT include lunch or snacks. \$25 off for applications and deposits received by March 20, 2021.

Only children between the ages of 7 to 14 years old will be accepted.

There is no after care and camp ends at 3pm. \$20 will be charged for each hour or part thereof after 3:15pm.

CAMPER INFORMATION

Name: _____ Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian: _____

Home Phone: _____ Cell Phone: _____ Email: _____

T-shirt size (all t-shirts are youth sizes) _____

Previous sailing experience _____

Can you swim approximately 50 yards using any stroke, in sailing clothes, shoes/booties?

Yes _____ No _____ Not sure _____

A \$100.00 non-refundable deposit is required for each camper. Availability is on a first come basis. Please submit deposit with application. Applications can be mailed to:

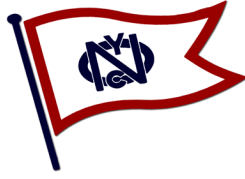
New Orleans Yacht Club

403 North Roadway

New Orleans, LA 70124

Checks can be made payable to: **New Orleans Yacht Club or NOYC**

Total fee, less the deposit, is due on the 1st day of camp session.



MEDICAL RESPONSE INFORMATION AND CONSENT FORM

(All information must be completed)

Child's full name: _____

Date of birth: _____ Sex: _____

Address: _____

Parent or Legal Guardian: _____ Phone: _____

Parent or Legal Guardian: _____ Phone: _____

Family Physician or Hospital: _____ Phone: _____

Insurance Carrier and Policy Number: _____

Do you have a history of, or do you currently have, any physical limitations that might prevent you from fully participating in this course? Yes _____ No _____ If yes please specify missing or injured body parts, weakness, eyeglasses, contacts, hearing aids, etc.

Chronic Ailments (such as asthma, heart problems, diabetes, epilepsy, hemophilia):

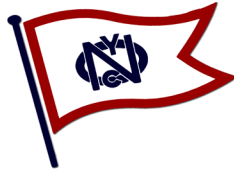
Allergies (such as foods, drugs, insect bites):

Current Medications or pertinent information:

Blood type _____

Date of last tetanus shot _____

Contact information in case of emergency: _____



AUTHORIZATION AND CONSENT TO MEDICAL TREATMENT OF A MINOR

I, the undersigned Parent/ Guardian of, _____
(Minor's Full Name), hereby consent to any medical and/or surgical treatment, diagnosis, anesthesia and hospital care, which is deemed advisable by, and is to be rendered under the general and special supervision of, any physician licensed under the provisions of the lay of the state in which the said physicians practices.

It is understood that this authorization and consent is given in advance of any specific diagnosis or need for treatment, facilities in advance in the event that any such medical and/or surgical treatment, diagnosis, anesthesia or hospital care is deemed necessary by the above described physician.

I am aware that hospital procedure, as well as the practice of medicine, is not an exact science; and I acknowledge that there is no guarantee expressed or implied as to the results of such diagnosis, examination or other procedures carried on by any such physician and/or hospital.

I acknowledge that the efforts of the New Orleans Yacht Club, and those acting on its behalf, in connection with any such medical situation, do not constitute an acceptance or acknowledgement by New Orleans Yacht Club, or any such individual acting on its results of any such treatment or care, or financial responsibility for such treatment or care.

Date

Signature of Parent or Legal Guardian

Print Name



PARTICIPATION AGREEMENT

This sailing course in which you are about to participate is an exciting and demanding challenge, but you need to be aware of what will be involved and be willing to study and practice to achieve success. A swim check is required of all students prior to the first day of camp. You will be required to provide a life vest that is Coast Guard Approved, the proper size for your weight and build, and will be required to wear it while on or near the water. Proper footwear will also be worn both on land and on the water. Bring a change of clothes, towel, sunscreen, water bottle and wet/dry shoes.

I understand that in entering this sailing course I agree to obey all program rules as set forth by the sailing director and instructors, that I will take utmost care in the use of the boats and equipment, and that I will not engage in any horseplay or other disruptive behavior. I understand the failure to attend regularly, arrive promptly and abide by the rules may result in my suspension from the program.

I assume full responsibility for any loss or damage, excepting loss or damage covered by insurance, that may come to any person, boat, sailboat, equipment, pier, float, or other property used in conjunction with this course as the result of improper use, negligence, violation or the rules, and other acts of sailors, or other representative of the school, instructional program or host location in connection herewith. I accept that the sport of sailing and the conduct of this course entail and are subject to certain inherent risks and assume all risks on land and on the water of participation in this program. I further agree to hold New Orleans Yacht Club, the school, instructional program or host location, US Sailing, and their representatives harmless for personal injuries and/or property damage.

Parent/Guardian Signature _____ Date _____

Applicant Signature _____ Date _____

**If you have any questions, please call 504-283-2581 or email the Club Manager,
John Wolf at manager@noyc.org**