

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ Email: \_\_\_\_\_

**1. EMERGENCY CONTACTS:** (in order)

Name	Relationship to Student	Phone Number

**2. MEDICAL INFORMATION:**

Is there any reason that your child would not be able to participate in the full range of activities offered by NYC Sailing School? (*Examples may include vision or hearing disabilities, epilepsy, circulatory, respiratory, diabetes, or heart problems*) Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", please describe in detail:

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

Allergies to Medication: Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", please describe in detail:

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

Please indicate medication, including dosage, which your child is currently taking:

\_\_\_\_\_

Other Allergies: Please indicate Y/N

Asthma \_\_\_\_\_ Insect Bites \_\_\_\_\_ Food \_\_\_\_\_ Other \_\_\_\_\_

If "yes", please describe in detail:

\_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_  
 Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**3. HEALTH INSURANCE INFORMATION:**

Named Insured: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**4. CERTIFICATION:**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ certify that the above information is correct and current. If there is any change, I will notify the NYC in writing (via and updated Medical Information Form) immediately.

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

**5. STATEMENT OF UNDERSTANDING AND EMERGENCY TREATMENT AUTHORIZATION:**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, a minor child, have the authority to enroll him/her as a student in the Northport Yacht Club Sailing School. By signing below, I acknowledge that participation in the NYC Sailing School involves a risk of injury, and I authorize the staff of the NYC to obtain emergency medical treatment in the event of such an emergency.

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

***In the event of illness or injury, all attempts to contact the above-listed parent/guardian will be made.***

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**6. WAIVER OF LIABILITY**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_.  
 A minor, hereby waive and release any and all rights and claims that I or my child may have against the Northport Yacht Club, its officers, directors, agents, servants, employees and members, for any and all injuries suffered by my child arising out of his or her participation in the NYC Sailing School. I further agree that my child and I will abide by the rules of the NYC while on its premises.

I acknowledge the participation in the sport of sailing or in any activity, regatta or event sponsored and /or sanctioned by the Northport Yacht Club Sailing School may involve substantial risk of personal injury, and I hereby assume on behalf of my child the risk of any such injury to his or her body arising while participating in the sailing school and forever give up and relinquish any claim for liability against Northport Yacht Club, its officers, directors, agents, servants, employees and members that I or my child may have by reason of participating in such program.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, a minor, as consideration for the Northport Yacht Club's permission for my child to participate in the sailing school, hereby agree to indemnify and hold harmless Northport Yacht Club for any damage which my child may cause to any boat or equipment owned by Northport Yacht Club. I promise, covenant and agree to be fully liable for all cost and expenses for any and all property damage or loss to both real and/or personal property **caused by the intentional or negligent acts of my child.**

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

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***For NYC use only***

Amount Paid: \_\_\_\_\_ check # \_\_\_\_\_ cash  
 # Weeks:      1    2    3    4    5    6    7                      # days: \_\_\_\_\_  
 Waiver Signed: Y/N      Medical Form Completed: Y/N      Code of Conduct Signed: Y/N      Swimming Test: S/N

## CODE OF CONDUCT

The code of conduct is one of the most important forms that the students must fill out each season. The Code of Conduct serves as a starting point and guideline for basic behavior as students in the Northport Yacht Club Sailing School. Because of the importance of this form, no student will be allowed to participate in the NYC Sailing School without having read, and signed the school Code of Conduct.

### The Code of Conduct states:

“The primary mission of the school is to teach youth to sail and develop a lifelong love for the sport of sailing.” We are committed to making sure that all youth are noticed, cared for, and respected. For youth, having fun and feeling safe go hand in hand. Children feel safe when they know that their peers and teachers will treat them fairly and with respect.

- We will treat each other fairly.
- We will help other students when they ask for help.
- We will try to solve disagreements ourselves. If we can't solve our disagreements, we will seek out our instructors for help.
- We will properly care for program boats, supplies, and physical property.
- We will sail carefully and safely at all times.
- We will wear our life-jackets at all times while on a boat.
- We will follow the instructors' directions while engaged in the sailing school program.

### Discipline:

Please note the following consequences for breaking the program rules or the Code of Conduct:

- 1<sup>st</sup> Offense: The student will receive a verbal warning from the sailing school instructor.
- 2<sup>nd</sup> Offense: The sailing instructor will notify the parent of the student and discuss the course of action.
- 3<sup>rd</sup> Offense: The student will be dismissed from the sailing school.

***Students who participate in an excessively unsafe and destructive manner may be suspended or dismissed from the program without multiple warnings and without being refunded.***

I/we acknowledge that I/we have read, understand, and will comply by the NYC Sailing School Code of Conduct.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date