CITY ISLAND JUNIOR SAILING PROGRAM A picture containing drawing

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Full Day Sailing Program 2022

Monday through Friday Times: 9:00am to 4:00pm

Ages: 8-16 Program Commencement Dates:

SESSION I (ONE WEEK) June 28-July 1

SESSION II (TWO WEEKS) July 5-15

SESSION III (TWO WEEKS) July 18-29

Session IV (TWO WEEKS) August 1-12

Parent or Guardian Information

PARENTAL OR GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE\_\_\_\_\_\_\_\_\_\_\_

SPOUSE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD OR CHILDREN REQUESTING TO JOIN THE PROGRAM:

1. NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER (M / F) WEIGHT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAILING EXPERIENCE \_\_\_\_\_\_\_\_\_\_\_\_

COMMENCEMENT DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SESSION: I II III IV (Circle)

1. NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER (M / F) WEIGHT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAILING EXPERIENCE \_\_\_\_\_\_\_\_\_\_

COMMENCEMENT DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SESSION: I II III IV (Circle)

1. NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER (M / F) WEIGHT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAILING EXPERIENCE \_\_\_\_\_\_\_\_\_

COMMENCEMENT DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SESSION: I II III IV (Circle)

SESSION I (ONE WEEK) June 28-July 1 $460 (CIYC Members: $420)

SESSION II (TWO WEEKS) July 5-15 $1035 (CIYC Members: $935)

SESSION III (TWO WEEKS) July 18-29 $1150 (CIYC Members: $1050)

Session IV (TWO WEEKS) August 1-12 $1150 (CIYC Members: $1050)

Junior Sailing of Long Island Sound (JSA-LIS) Membership: $75 per child

50% of the total is due at the time of registration. Total ­­\_\_\_\_\_\_\_\_

GRAND TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_

The prices above include tax and use of a CIJS owned boat. Any outstanding balance is due June 1, 2022.

*City Island Yacht Club has very affordable membership packages. Ask us!*

Camperships are available. Please contact us at [city.island.jr.sailing@gmail.com](mailto:city.island.jr.sailing@gmail.com) for information.

When registering for the CIJS Program, we will also require the following forms completed for each child: Sailor Data Sheet, Indemnity Agreement, Medical Information Form, Permission for Medical Attention, Publicity Release, and Code of Conduct.

Contact: (347) 692-0696 [city.island.jr.sailing@gmail.com](mailto:city.island.jr.sailing@gmail.com)

Please make your check out to City Island Yacht Club and mail with your registration to:

City Island Yacht Club, 63 Pilot St., City Island, NY 10463

Members of City Island Yacht Club may charge this to their account.

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City Island Junior Sailing Program Sailor Data Sheet

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_

Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_ Sailor’s Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ Zip code:\_\_\_\_\_

Home phone:\_\_\_\_\_\_\_\_\_\_\_\_ Summer phone:\_\_\_\_\_\_\_\_\_\_\_ Cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian information:

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: Mother: ( ) Father:( ) Guardian: ( )

Work phone:\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_

Other Parent information:

If different than sailor’s information: Home phone:\_\_\_\_\_\_\_\_\_\_\_ Summer phone:\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip code:\_\_\_\_

Person who will pick up or drop off Sailor, if other than parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact information:

#1 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime phone:\_\_\_\_\_\_\_\_\_\_

Alternate phone:\_\_\_\_\_\_\_\_\_\_ Relationship to sailor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#2 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate phone:\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to sailor:\_\_\_\_\_\_\_\_\_\_\_\_

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City Island Junior Sailing Program Minor’s Health History - Parent’s Report

Minor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male \_\_\_\_ Female \_\_\_\_

**Please attach a copy of your child’s immunizations from your physician. This is a new requirement from New York State. Has your child been vaccinated for COVID-19?**

Does your child have the following? Details / Limitations

Seizures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_Yes\_\_\_\_

Heart defect or disease \_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_Yes\_\_\_\_

Diabetes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_Yes\_\_\_\_

Bleeding / clotting disorder \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_Yes\_\_\_\_

Asthma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_Yes\_\_\_\_

Muscle, bone or joint problems \_\_\_\_\_\_ No \_\_\_\_\_Yes\_\_\_\_\_

Previous injury still affecting \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_Yes\_\_\_\_\_

Loss of consciousness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_Yes\_\_\_\_\_

Physical limitations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_Yes\_\_\_\_\_

Surgery in the last year \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_Yes\_\_\_\_\_

Special fears or conditions \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_Yes\_\_\_\_\_

Serious allergies: Insect stings \_\_\_\_\_\_\_\_ No \_\_\_\_\_Yes\_\_\_\_\_

Penicillin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_Yes\_\_\_\_\_

Other drugs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_Yes\_\_\_\_\_

Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_Yes\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_Yes\_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: If you answered “Yes” to any of the above, you must provide a doctor’s release before your child will be allowed to participate in the Junior Sailing Program. City Island Yacht Club Junior Sailing reserves the right in its sole discretion to decline any participant for safety reasons. I certify that the above information is true, correct, and complete.

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

Name of Parent or Guardian Signature of Parent or Guardian Date

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City Island Junior Sailing Program

PARENTAL CONSENT FOR MEDICAL CARE OF A MINOR

Minor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I, the undersigned, am a parent having legal custody or other person having legal custody and/or guardianship of the above listed Minor. In consideration of said Minor’s participation in the Sailing Program of City Island Junior Sailing. (CIJS), I hereby authorize CIJS staff to consent to first aid, or in an emergency, medical diagnosis or treatment of said Minor, including any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment of hospital care under the general or special supervision and upon the advice of or to be rendered by a licensed physician or dentist at my sole expense. Any revocation of this consent must be in writing and could result in the Minor’s immediate removal from the Program.

Non-Liability of City Island Junior Sailing, City Island Yacht Club

I agree that in no event will City Island Junior Sailing, City Island Yacht Club, its directors, officers, employees, agents and committee persons, or any of them have any liability whatsoever arising from or in connection with any medical care rendered or to be rendered pursuant to the above Consent. I certify that I have carefully read, understand and agree to the above.

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

Parent/Guardian Signature / Date Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature / Date Print Name

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

Address Telephone (day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Telephone (eve) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Carrier Plan/Group number

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

Alternate Emergency Contact Name Telephone

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CITY ISLAND JUNIOR SAILING 2021 WAIVER AGREEMENT

Junior Sailor­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print name)

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

(Print name)

The undersigned is the Parent/Guardian of the Junior Sailor named above and hereby acknowledges that signing this Agreement is a condition to the Junior Sailor’s participation in the City Island Yacht Club (“CIYC”) Junior Sailing Program (the “Program”). The undersigned accepts that the sport of sailing and the conduct of the Program involve certain inherent risks, and accepts all risks on land and on the water of participation in the Program, and agrees as follows:

1. The undersigned consents to the Junior Sailor’s participation in the program.

2. The undersigned agrees that CIYC, the Program, and all of their respective members, officers, directors, trustees, governors, employees, agents and volunteers, as well as all persons acting in a volunteer capacity in the conduct of the Program, and/or any Event (“Released Party” or collectively “the Released Parties”), shall not be responsible or liable for the illness, personal injury, death, and/or property loss or damage suffered by the Junior Sailor or any third party (“Loss”) arising out of or related to the Junior Sailor´s participation in the Program. By consenting to the participation of the Junior Sailor in the Program, including any Events, the undersigned, for himself/herself and on behalf of the Junior Sailor and their respective heirs, successors, and assigns, hereby waives all claims against the Released Parties for, and releases the Released Parties from, any and all liability, including illness, personal injury, death and property damage claims arising out of the Junior Sailor´s participation in the Program to the fullest extent permitted by law.

3. The undersigned, for himself/herself and on behalf of the Junior Sailor, and all heirs, successors, and assigns, to the fullest extent permitted by law, hereby waives the right to sue the Released Parties for claims of any kind, including without limitation, all claims based upon illness, personal injury, death, and/or property loss or damage, arising out of or related to the Junior Sailor´s participation in the Program and/or in any Events, and releases the Released Parties from all liability and damages of any kind arising therefrom.

4. The undersigned, for himself/herself and on behalf of the Junior Sailor, grants CIYC permission to use and publish, without compensation, photographs, films, videotapes, electronic representations and/or sound recordings made of me or the Junior Sailor at all CIYC activities, and releases CIYC, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication, and waives any rights under Section 51 of the New York State Civil Rights Law. The undersigned authorizes the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of those photographs, films, videotapes, electronic representations and/or sound recordings on CIYC’s website or in other materials which display the various recreational and other activities available at CIYC.

I have thoroughly read and understand this 2018 Waiver Agreement and consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Jr. Sailor) participating in the 2018 CIYC Junior Sailing Program and to his/her participation in Regattas and Events both at CIYC and at other Host Clubs. I acknowledge and agree that Sailor is responsible at all times for abiding by all CIYC rules of conduct.

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Island Junior Sailing Rev. 2022

Code of Conduct for Junior Sailors

City Island Junior Sailing (CIJS) is striving to be among the best run Junior Sailing Programs on Long Island Sound. CIJS expects all program participants to conduct themselves appropriately at all times and to follow the Code of Conduct as stated below:

Respect for Others

--I will respect the rights, dignity and self-worth of every individual.

--I will act honorably and will not lie, cheat or steal (or borrow without permission).

--I will encourage my fellow junior sailors to display the same qualities.

Personal Conduct

--I will conduct myself professionally, displaying self-control and accept responsibility for my actions.

--I will display high standards in my language, manner, punctuality, preparation and presentation.

--I will refrain from criticizing others –this includes my interactions with opponents, and all adults.

--I respect the work and resources that go into maintaining the boats and promise to treat all club and private property as if I had to fix it myself if it broke.

Good Sportsmanship/Corinthian Spirit

--I will continually strive to demonstrate good sportsmanship, both on and off the water. I will place winning in the context of good sportsmanship and fair play.

Possession and/or Use of Any Illegal Substance

--I will refrain from smoking, drinking and/or illegal drug use.

Safety

--Safety underpins everything we do. As such, it must be viewed as a philosophy, and NOT simply items on a checklist. Sailing and racing are inherently risky activities, and all coaches/instructors will actively manage risk when working with our youngest sailors and will help our older sailors understand appropriate risk management strategies to ensure that the training and/or competitive environment is safe. As a junior sailing program participant, I will ensure that my equipment is ready to support all planned activities. I will immediately inform my coach/instructor if I feel that I am not ready to participate fully in the planned activity (i.e., understand the task, am physically healthy enough, rested and skilled to ensure its successful outcome). I will look out for my fellow junior sailors. I also recognize that participation in the CIJS Junior Program is a privilege, and not a right. I understand that if I do not abide by and promote the Code of Conduct I may be temporarily or permanently suspended from City Island Yacht Club Junior Program.

I, have read, understand, and agree to abide by the Code of Conduct for Junior Sailors as stated above.

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

Sailor’s Signature

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

Parent or Guardian’s Signature

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