



SUMMER YOUTH PROGRAM (SYP) 2018
REGISTRATION FORM – ONE FORM PER CHILD (PLEASE PRINT)

Mission Statement

It is the EGYC Summer Youth Program Mission to create a supportive atmosphere in which children can learn new skills and build friendships.

Summer Youth Program counselors are lifeguard certified and teach responsible boating, including a respect for the natural environment. EGYC Summer Youth Program promotes a happy, healthy and active lifestyle, designed to help stimulate each child's imagination.

Member Number: _____ **Member Name:** _____ **Date:** _____

Youth's Name:		Relationship to Member:	Name of friend/relative also in program:
Date of Birth:	Gender: M or F	Current Age (as of May 15 th):	Grade during 2017 – 2018 school year:
*Parent's/Guardian's Name:		Mailing Address (of Non-Member only):	
Parent's/Guardian's Primary Phone Number:		Parent's/Guardian's Secondary Phone Number:	Email Address of Member:

Individual Week Sessions (check week selection) – Tuesday thru Friday - 9:00 am to 3:00 pm			
Weekly Fees- Member \$240 - Non-Member \$260			
	Week I June 5 th – June 8 th Tuesday thru Friday		Week V July 3 rd – July 6 th Tuesday, Thursday, Friday (Member \$180 - Non \$200)
	Week II June 12 th – June 15 th Tuesday thru Friday		Week VI July 10 th – July 13 th Tuesday thru Friday
	Week III June 19 th – June 22 nd Tuesday thru Friday		Week VII July 17 th – July 20 st Tuesday thru Friday
	Week IV June 26 th – June 29 th Tuesday thru Friday		Week VIII July 24 th – July 27 th Tuesday thru Friday

Extended Hours: Tuesday- Friday-3:00 pm – 5:00 pm (\$25) Enroll my child for week(s) _____
Single Day Rates for registered children are \$70 Member/\$75 Non-Member. Drop-in Rates are \$85 per day.

Lunch will be served and children will be given **two choices** daily. Alternatively, with your permission, they may order from the Harbor Grill through their counselor. Is your child authorized to sign at the Harbor Grill during lunch and/or for a snack (*not included in program price*)? **Yes or No**

T-Shirt-Please select child's T-Shirt Size: Child/Youth S M L or Adult S M L

***OTHER THAN PARENT NAMED – AUTHORIZED FOR PICK UP OF CHILD**

LAST NAME, FIRST NAME _____ Relationship to SYP participant _____
 Does this person have authority to pick up participant? Yes or No
 Cell Phone _____ Home Phone _____ Other _____

LAST NAME, FIRST NAME _____ Relationship to SYP participant _____
 Does this person have authority to pick up participant? Yes or No
 Cell Phone _____ Home Phone _____ Other _____

PHOTOS	SWIMMING
I am aware that photos will be taken of my children during program to be used for future promotional materials and give permission. Parent / Guardian Signature: _____	Indicate the child's swimming level: Beginner Intermediate Advanced
ALLERGIES	WATERSPORT EXPERIENCE
Does the child have any allergies to food or antigens? Yes () - Please List: No ()	Does your child have any boating or sailing experience? Yes or No Indicate the child's level: Beginner Intermediate Advanced

Registration & Cancellation Policies

Registration will be established by submitting a completed application only. Billing will occur at time of registration. You will be billed on your member statement for all sessions selected. All cancellation policies apply. **To properly staff the Summer Youth Program, sessions will be billed in full for the week(s) regardless of the number of days your child attends during the week.** Drop-in day spots are **not guaranteed** and will be based on **availability only** during any particular session and are on a first come basis, charged at the daily drop-in-rate (\$85 per child).

Cancellations will be accepted up to **5:00 pm on THURSDAY** prior to the commencement of a scheduled session. **Registrations not cancelled as specified, will be charged a \$100.00 No Show Fee.** Please direct all questions to the SYP Director by calling 321-773-2600 EXT 38 or by email to: activities@egyachtclub.com

Each child must provide their own Regulation Life Jacket. The Summer Youth Program will be held Tuesday - Friday rain or shine. Cell phones to be utilized for emergency purposes only.

PARENT AND PARTICIPANT IN YOUTH ACTIVITIES AGREEMENT

NAME OF YOUTH _____

PARENT / GUARDIAN NAME _____

ADDRESS _____

MEMBERSHIP NUMBER _____ CELL PHONE NUMBER _____ ALTERNATE PHONE NUMBER _____

The Eau Gallie Yacht Club, Inc., its Board of Governors, its staff and instructors, desire that youths and parents/guardian of youths have a thorough understanding of the implications involved in a youth participating in a voluntary activity. For this reason, it is required that each parent, parents or guardian, of youths participating in the Youth Activities Program, read, understand, and sign this Agreement prior to the youth being allowed to participate in the Youth Activities Program.

1. I/we the undersigned, as parent, parents, or guardian, give my/our consent for the youth identified herein to engage in the Youth Activities Program.
2. I/we will not hold the Eau Gallie Yacht Club, Inc. its officers, members or employees, or other persons involved in the youth Activities Program, responsible or liable of any injury occurring to the named youth in the course of such activities, and the undersigned does hereby release Eau Gallie Yacht Club, Inc. from all claims, demands, causes of action that the undersigned now has or may have arising from any such accident or injury and by reason of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and the consequences thereof, that have been or may hereafter be sustained by the youth and by any person or persons having a legal interest therein, in consequence of accident and injuries.
3. I/we hereby stipulate and agree to indemnify and hold harmless the Eau Gallie Yacht Club, Inc. its successors and assigns, from any loss, liability, damage or costs that may be incurred while the youth is participating in the Youth Activities Program, whether caused by the youth or the Eau Gallie Yacht Club, Inc.
4. I/we hereby accept financial responsibility for equipment lost by the youth identified herein.
5. I/we authorize the EGYC to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the youth in the course of any program activities. I/we also agree that the expenses for such transportation and treatment shall not be borne by the EGYC or its employees.
6. I/we know the youth identified herein is in good health and physically able to participate in the Youth Activities Program and has had no past illness or injuries that would prevent him/her from participating in said activities.

Mother/ Guardian Signature _____ DATE _____

Father/ Guardian Signature _____ DATE _____

SYP Representative _____ DATE: _____