



**2019 STRICTLY SAILING JUNIOR SAILING PROGRAM**

**REGISTRATION FORM – ONE FORM PER CHILD (PLEASE PRINT LEGIBLY)**

*Mission Statement:* to teach children how to sail in a fun and safe environment, instill a love for the sport of sailing that will serve as a foundation for the future of the Eau Gallie Yacht Club and make every effort to ensure this transpires.

**The Junior Sailing program is designed for children from 8 through 14 years of age. Each session limited to twelve sailors on a first come-first serve registered basis.** The children are grouped according to age, weight and experience and will need to demonstrate comfort swimming in the Indian River Lagoon and be able to right a capsized boat. The goal of the course is to develop an appreciation for sailing through rigorous fun! The program is designed to teach basic sailing techniques and water safety for beginners and lead into racing techniques and water safety for the more advanced. The Club currently has Open Bic and 420 sailboats for our aspiring sailors. The fourth and final week will be structured for the more advanced sailors.

**Member Number:** \_\_\_\_\_ **Member Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Youth's Name:		Relationship to Member:	Name of friend also in program:
Date of Birth:	Gender: M or F	Current Age (as of May 15 <sup>th</sup> ):	Grade during 2018 - 2019 school year:
*Parent's/Guardian's Name:		Mailing Address:	
Parent's/Guardian's Primary Phone Number: <input type="checkbox"/> Mobile <input type="checkbox"/> Landline		Parent's/Guardian's Secondary Phone Number: <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Email Address of Member:

<b>STRICTLY SAILING PROGRAM – Weekly Sessions</b> <b>Tuesday - Friday - 9:00 am – 3:00 pm</b> <b>COST - Member \$260 - Non-Member \$290</b>	
<b>Strictly Sailing Session I</b> July 2 <sup>nd</sup> , 3 <sup>rd</sup> , & 5 <sup>th</sup> (Member \$200– Non Member \$230)	<b>Strictly Sailing Session III</b> July 16 <sup>th</sup> – July 19 <sup>th</sup>
<b>Strictly Sailing Session II</b> July 9 <sup>th</sup> – July 12 <sup>th</sup>	<b>Strictly Sailing Session IV</b> July 23 <sup>rd</sup> – July 26 <sup>th</sup> (Advanced)

**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, MIDDLE I** \_\_\_\_\_ Relationship to SYP participant \_\_\_\_\_  
 Does this person have authority to pick up participant? Yes or No  
 Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Other \_\_\_\_\_

**LAST NAME, FIRST, MIDDLE I** \_\_\_\_\_ Relationship to SYP participant \_\_\_\_\_  
 Does this person have authority to pick up participant? Yes or No  
 Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Other \_\_\_\_\_



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

**Registration & Cancellation Policies**

**Registration** will be established by submitting a completed application only. Each session limited to **twelve sailors** on a first registered basis. *Registration for the full series of 4 sessions is encouraged for those wanting a progressively deeper understanding of the sport.* 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 Strictly Sailing Program, sessions will be billed in full for the week regardless of the number of days your child attends during the week.**

**Registrations and Cancellations** will be accepted up to **5:00 pm on THURSDAY** prior to the commencement of a scheduled week of instruction. **Registrations not cancelled on time will be charged a \$150.00 No Show Fee.** Please direct all questions to the Harbormaster by calling 321-773-2600 EXT 38 or by email to: dock@egyachtclub.com

Each child **must** provide their own Regulation Life Jacket. **Instruction will be held Tuesday through Friday from 9:00 am to 3:00 pm, rain or shine.**

**EAU GALLIE YACHT CLUB**  
 100 DATURA DRIVE, INDIAN HARBOUR BEACH, FL 32937  
**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 \_\_\_\_\_



## SUMMER YOUTH PROGRAM (SYP) 2019

### REGISTRATION FORM – ONE FORM PER CHILD (PLEASE PRINT)

#### Mission Statement:

The Eau Gallie Yacht Club's Summer Youth Program Mission is to create a supportive atmosphere where 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 stimulate and benefit 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 <sup>th</sup> ):	Grade during 2018 – 2019 school year:
*Parent's/Guardian's Name:		Mailing Address:	
Parent's/Guardian's Primary Phone Number: <input type="checkbox"/> Mobile <input type="checkbox"/> Landline		Parent's/Guardian's Secondary Phone Number: <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Email Address of Member:

<b>Individual Week Sessions (check week selection) – Tuesday thru Friday - 9:00 am to 3:00 pm</b>			
<b>Weekly Fees- Member \$240 - Non-Member \$270</b>			
	<b>Week I June 4<sup>th</sup> – June 7<sup>th</sup> Tuesday thru Friday</b>		<b>Week V July 2<sup>nd</sup> – July 5<sup>th</sup> Tuesday, Thursday, Friday (Member \$180 - Non \$200)</b>
	<b>Week II June 11<sup>th</sup> – June 14<sup>th</sup> Tuesday thru Friday</b>		<b>Week VI July 9<sup>th</sup> – July 12<sup>th</sup> Tuesday thru Friday</b>
	<b>Week III June 18<sup>th</sup> – June 21<sup>st</sup> Tuesday thru Friday</b>		<b>Week VII July 16<sup>th</sup> – July 19<sup>th</sup> Tuesday thru Friday</b>
	<b>Week IV June 25<sup>th</sup> – June 28<sup>th</sup> Tuesday thru Friday</b>		<b>Week VIII July 23<sup>rd</sup> – July 26<sup>th</sup> Tuesday thru Friday</b>

<b>Extended Hours: Tuesday- Friday-3:00 pm – 5:00 pm (\$25)</b> <b>Enroll my child for week(s)</b>
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**Lunch** will be served and children will be given **two choices** daily. Alternatively, with your permission, they may order through their counselor from the Harbor Grill. 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 \_\_\_\_\_

<b>PHOTOS</b>	<b>SWIMMING</b>
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I am aware that photos may be taken of my child during the program to be used for future promotional materials and give permission for said use. Parent / Guardian Signature: _____	Indicate the child's swimming level: Beginner ( ) Intermediate ( ) Advanced ( )
<b>ALLERGIES</b>	<b>WATERSPORT EXPERIENCE</b>
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 (\$120 per child for member and \$135 per child for non-member).

**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/guardians 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: \_\_\_\_\_

## 2019 Summer Youth Program Authorization Form

Print the names and relationships of people authorized to pick-up your child(ren). Please carefully consider and fill out completely. Please include parents, grandparents, car poolers, babysitters, etc.

Child(ren) name(s): \_\_\_\_\_

Member name: \_\_\_\_\_

Member number: (\_\_\_\_\_) \_\_\_\_\_

Emergency telephone number: \_\_\_\_\_

The following are the only persons authorized to pick-up my child(ren).

Name	Relationship

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We kindly request that person(s) picking up child(ren) NOT be engaged in cell phone conversations & present photo ID/License to Counselor at pickup.



## SUMMER YOUTH PROGRAM SPONSOR AGREEMENT

This document will act as an Agreement between the Club Member, Member named below, and the guest of Member Guest, named below. The Member will act as a sponsor for the Guest and agrees to permit all billing to go through their account, the Guest agrees to pay the Member for all charges related to the enrollment of their child in the Summer Youth Program (SYP). If there is a remaining balance or additional charges at the conclusion of the program, the Member is responsible for paying such charges.

This document also acts as an Agreement between the Eau Gallie Yacht Club, "Club", the Member and the Guest, that the Guest and their child/children will follow all rules and regulations set forth by the Club, and will conduct themselves in a manner acceptable to the Club standards and Bylaws. Failure to do so will result in termination of the child in the Summer Youth Program with no refund of any monies paid at that current time.

This form applies to all sessions enrolled.

MEMBER FULL NAME \_\_\_\_\_ Member # \_\_\_\_\_

GUEST PARENT NAME \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Program Charge: \_\_\_\_\_

With my signature below, I/We hereby understand, I/We are activating the agreement above between the Eau Gallie Yacht Club, the Club Member and the Guest of a Member. This form must be completed, signed and returned prior to child/children attending Summer Youth Program (SYP).

Club Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Eau Gallie Yacht Club Rep.: \_\_\_\_\_ Date: \_\_\_\_\_



SUMMER YOUTH PROGRAM  
DISCIPLINE POLICY

The safety of your child, and each child entrusted to us, is our top priority. We believe that the Summer Youth Program (SYP) is a privilege, and therefore a child's behavior should reflect appreciation. The EGYC Summer Youth Program is designed to provide a great experience for as many children as possible, requiring all children working together and focus on fun and safety. Our discipline policy is necessary to ensure that each individual's experience is as enjoyable and as safe as possible.

Please read and discuss the following steps and consequences with your child. The form requires signature of parent/guardian and child, returning one copy to the SYP Director **prior** to the start of the program and maintaining a copy for your records.

Please note that an early dismissal due to behavioral issues does not warrant a refund of program fees.

**1st Step:**

Violation: Unacceptable behavior.

Example: Deliberately failing to follow instructions, not following rules, etc.

Action Taken: A conversation will be held with the child, discussing the unacceptable behavior, and a warning will be given.

**2nd Step:**

Violation: Repeated unacceptable behavior or severely inappropriate behavior.

Example: Inappropriate language, disrespect of other SYP participants, staff or property.

Action Taken: A conversation will be held with the child, discussing the unacceptable behaviors, and the SYP Director will contact a parent if deemed necessary; the child may be required to sit out of the activity.

**3rd Step:**

Violation: Repeated unacceptable behavior or severely inappropriate behavior.

Example: Aggressive behavior (verbal or physical), any behavior that would endanger themselves or others.

Action Taken: After a conversation with the child, the SYP Director will contact a parent, the child will be picked up that day and suspended the next day.

**4th Step:**

Violation: Any inappropriate behavior after a suspension, any illegal activity, or extreme behavior deemed unacceptable by the SYP Director. Example: Drugs, violence, etc.

Action Taken: After a conversation with the child, the SYP Director will contact the parent, the child will be picked up and not invited to return that summer. Acceptance the following summer will be determined after careful consideration by the Summer Youth Director, parents and child.

I \_\_\_\_\_, the Parent/Guardian of \_\_\_\_\_ have discussed this policy with my child. We both agree to follow the guidelines established above, and agree to adhere to the consequences should any rules be broken. For the safety of all participants, cell phone use is prohibited during program sessions hours.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Summer Youth Participant Signature \_\_\_\_\_ Date \_\_\_\_\_