



Carolina Sailing Foundation Junior Sailing

Optimist Sailing Camp / 420 Sailing Camp Registration Form 2010

Sailing camps will now be *full day* held at Lake Wheeler!

All Sailing Camps are Monday through Friday 9am-4pm and cost \$225 per participant per session. Sailors must be at least nine years old to participate. Suggested weight for an Optimist dinghy is 120lbs or less.

Sailor Information: *(Please print clearly.)*

Participant's Name:	_____	Date of Birth:	_____
Parent/Guardian's Name:	_____	Age:	_____
Parent/Guardian's Address:	_____	Zip Code:	_____
Parent/Guardian's Email:	_____	City:	_____
Emergency Contact:	_____	Parent Phone:	_____
Health Insurance Company:	_____	Emergency Phone:	_____
Name of Policy Holder:	_____	Policy Number:	_____

Will your participant bring an Opti for the class? _____ Yes _____ No, will use a CSF boat

Select camp session:

Opti Camps - June & August

Dates	Ages 9-12	Full Day (9:00 - 4:00)
June 14 - 18	Beginner	
June 21 - 25	Beginner	
July 28 - July 2	Intermediate	
August 2 - 6	Beginner	
August 9 - 13	Intermediate	
August 16 - 20	Beginner	

420 Camp - July

Dates	Ages 12-16	Full Day (9:00 - 4:00)
July 19 - 23	Beginner	



Continue to next page for camp session totals and payment information. —————>

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Complete Camp Session Totals and Payment:

Opti Camp Sessions	Total Sessions	_____
420 Camp Sessions	Total Sessions	_____
\$225/session	Total Fees	_____
	Add a CSF Donation	_____
(Camp + Donation)	Payment Totals (see Note)	_____

Parent/Guardian Signature and Date: _____ Carolina Sailing Foundation, Inc. Tax ID 54-2076502

NOTE: All completed forms and payment are required to secure a camp registration.

- Opti / 420 Camp Registration Form
- Liability Release Form (CSF and Wake County)
- CSF Medical Form
- Payment

Registration Check List:

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Behavior Policy

Appropriate, respectful behavior is expected from each camp participant. Instructors will model appropriate behavior, establish limits and set expectations for students, and praise and encourage full participation. Inappropriate behavior will be immediately addressed and repeat offenses will not be tolerated. If a participant is disruptive, places himself/herself or others in danger or repeatedly causes trouble, a parent or guardian will be asked to pick up the student. For severe offenses, such as, but not limited to fighting, theft, vandalism, possession of weapons or drugs and sexual misconduct, participants will be immediately dismissed for the entire camp session. No refund will be given for inappropriate behavior.

Payment:

Checks should be made to the Carolina Sailing Foundation. Send check and all forms to:

Carolina Sailing Foundation
c/o John Norton
1610 Skye Dr.
Chapel Hill, NC 27516-9017

Questions:

Additional camp and sailing information is available at www.carolinasailingfoundation.org. Specific questions may be directed to John Norton at 919-604-0842 or jnorton@moneymailer.com.

Additional Camp Information:

Lake Wheeler City of Raleigh Park Office: 919-662-5704
Chris Murray, Lake Wheeler Park Manager: 919-662-5704
Bart Streb, Lake Wheeler Sailing Contact: 919-971-0177

Continue to next page for liability and medical forms. —————>

2010 Carolina Sailing Foundation Opti/420 Sailing Camp Liability Release Form

I am fully aware of the risks and hazards associated with participation in the activities of the Carolina Sailing Foundation. I understand that I am solely responsible for the arrival and departure of my child at the beginning and end of each scheduled program.

My child is in good health and I know of no reason why he/she would be incapable of participating I the Program activities. My child knows how to swim. I have provided an approved PFD for my child and he/she has agreed to wear at all times while participating in on the water portions of the Program.

I hereby elect voluntarily for my child to participate in sailing instruction and fully acknowledge that the activity may be hazardous to me, my child and property. I am aware that the Program activities may potentially hazardous conditions that may include among other things, strong winds and high waves, unexpected immersion and collision with other watercraft.

I acknowledge that I assume all risks while my child participates in the activities of the Carolina Sailing Foundation (Foundation). In particular, the decision to participation any event considering, but not limited to, the location, time, weather conditions, and availability and use of safety equipment, including life vests are mine and I assume complete responsibility for them. In exchange for the privilege of my child's Foundation participation, I hereby release any claim I may have against Foundation, its officers, directors, and agents for personal injury or property damage arising from my child's participation in Foundation activities and agree to hold Foundation harmless from said claims.

Name of Participant _____ Date _____

Parent/Guardian Signature _____

Liability Release - Lake Wheeler



In consideration of the opportunity to participate in a Sailing Program conducted by the Carolina Sailing Foundation, I for myself, my heirs and assigns hereby RELEASE and DISCHARGE The Carolina Sailing Foundation and The City of Raleigh and its employees, agents, and representatives from all claims, losses, or liability arising out of or in any way related to my participation in the Sailing program whether or not attributable to negligence on the part of Carolina Sailing Foundation and The City of Raleigh, its employees, agents or representatives.

Print Name of Guest:

Signature of Guest:

Date:

Address:

I fully understand that a personal flotation device [PFD] - provided by the Carolina Sailing Foundation and/or the CITY OF RALEIGH - must be worn at all times while on the water. This is a mandatory requirement. PFD's will be worn at all times regardless of weather conditions or swimming abilities. _____ **[Participant must initial here]**. Failure to do so will result in the loss of participation opportunity upon any vessel associated with the 2010 Sailing Program.

Carolina Sailing Foundation Medical Information Form (To be completed by parent/guardian)

Check "yes" or "no" for the conditions below.

Condition	Yes	No	Condition	Yes	No
Heart Disease/Defect			Seizures/Epilepsy		
Diabetes			Concussion or Head Injury		
Absence of Vision			Major Surgery or Illness		
Heat Stroke/Exhaustion			Impaired Motor Activity		
Asthma			Fainting		
Back or Joint Problems			Contagious Disease		
Emotional Problems			Behavior Problems		
Sprains, Fractures, Dislocations			Motion Sickness		
Hearing Loss			Eyeglass/Contacts		
Other Condition					

Other condition: _____
 Type: _____
 Symptoms: _____
 Frequency: _____
 Trigger Mechanism: _____
 History of Occurrence: _____

Please provide details for any condition checked "yes." Use additional pages if necessary.

Allergies:

Condition	Yes	No	Condition	Yes	No
Medicine			Food		
Insects			Plants		

Please detail allergy specifics, triggers and treatment: _____

Are immunizations current? ____ Yes ____ No Date of last tetanus shot _____

Daily Medications: Please print medication name, reason, amount, date prescribed and number of times/day.

Restrictions:

Comments:

Please contact the CSF Juniors Program Director with questions regarding any program activities at 919-604-0842. By signing below, I am acknowledging that my child is physically capable of participating in these activities and the information that I have completed above is correct.

Parent/Guardian Signature _____ Date _____