

# Bow to Stern Sailing School

## Youth Sailing Program - 2012 Registration Form

Complete in full for EACH SAILOR and include deposit to ensure a place in the session(s) requested.

(Please Print)

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Wt. \_\_\_\_\_

E-mail \_\_\_\_\_ (optional) Cell Phone \_\_\_\_\_ (optional)

Swimming Ability _____	Sailing Ability _____	T-Shirt Size _____
Very good _____	Advanced _____	Y-M _____ A-M _____
Good (can swim 100 yards) _____	Intermediate _____	Y-L _____ A-L _____
Fair (can swim 50 yards) _____	Beginner _____	A-S _____ A-XL _____
Other _____	Apprehensive _____	

**Medical Information** – Please make us aware of any medical concerns that may affect your child’s participation. (use back if necessary, all information will be kept confidential) \_\_\_\_\_

**Family Information** (Main Contact for Billing, Communication and Membership Information)

Main Contact Name \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father’s Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mother’s Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Local Contact Information** (If camper is staying with someone other than parent during camp or other contact is available)

Name \_\_\_\_\_ Relation \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

**Requested Session dates:**

____ Session I June 11-15	____ Session VI July 16-20	Returning sailor? <input type="checkbox"/> Yes <input type="checkbox"/> No
____ Session II June 18-22	____ Session VII July 23-27	Our large fleet of boats accommodates all skill levels. With this in mind, we place campers in groups according to age, ability, and size.
____ Session III June 25-29	____ Session VIII July 30– Aug 3	
____ Session IV July 2-6	____ Session IX Aug 6-10	____ CIT Program Candidate
____ Session V July 9-13	____ Session X Aug. 13-17	

Program fee - \$250/wk, 20% discount for siblings. CIT Program Age 13+ Application Required, See Parent Info Sheet.

\$100 deposit is required for the first registered week and a \$25 deposit is required for any remaining weeks.

All payments and deposits are non-refundable unless a two week notice is given. If notice is less than two weeks and there is someone on the waiting list that can fill the place, a refund will be given.

**Will participate in the Lunch Plan for the weeks attending \_\_\_\_\_.** (\$25/wk) (Lunch provided by the Silos Restaurant.)

**#of Sessions \_\_\_\_\_ #of Lunch Plans \_\_\_\_\_ Total \$ \_\_\_\_\_ Dep. Due \$ \_\_\_\_\_ Amt. Paid \$ \_\_\_\_\_ Total Bal. Due \$ \_\_\_\_\_**

Boating Center Membership discount will be available. Watch for e-mails or get details at start of session.

All Sailors MUST provide their own:

- USCG approved PFD that is sized appropriately
- Water shoes that fit appropriately (closed toe and **NO flip flops. Crocs do not work well**)
- Lunch and beverage (preferably water) each day (cooler/refrigerator is NOT available)
- Water bottle full of water each day, Sunscreen (already applied in the AM), and hat and sunglasses

I understand and agree to the above statements. I have read and understand the Parent Information Sheet, and I will provide all items needed for the sailor listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For more information or questions, please call Bow to Stern Yacht Services at 252-249-2424(o), or 252-474-6000(c).

**Mail Registration Form, Deposit and Waiver to: PO Box 596, Oriental, NC 28571 or Fax to: 252-249-2424.**

Office Use Only: Name \_\_\_\_\_ Age \_\_\_\_\_ Wk \_\_\_\_\_ Lunch \_\_\_\_\_ Level \_\_\_\_\_ Waiver \_\_\_\_\_ Confirmed \_\_\_\_\_ Pd \_\_\_\_\_ Bal Due \_\_\_\_\_ Notes \_\_\_\_\_