



S.C. Youth Sailing Summer Camp

2021 Registration — OPTI PRAM for ages 8-12

Fee: \$225

Regular Fee is \$225 / SCMM Friends Fee is \$200

Single membership = 1 camper discount Dual membership = 2 camper discount
Family & Business membership = all children or grandchildren discounts

TO RESERVE YOUR SPOT

**CALL 843-520-0111 or EMAIL hha.scmm@gmail.com
to CHECK AVAILABILITY and RESERVE SPACE**

Mail registration and full payment to:

SCMM Youth Sailing Camp, PO Box 2228, Georgetown, SC 29442

Registration & Policy Guidelines: Complete registration, medical liability, and release forms (2 pages total) and include payment. One registration and medical form per student. If the session applied for is full and alternate sessions are not available then a full refund will be issued. Please note that spaces are limited and student admission is first come, first served. SC Maritime Museum members will be given priority registration.

Confirmation: Confirmation of your registration will be emailed. If the session is full, you will be notified by phone.

Session Cancellation Policy: Registration costs, less a 10% fee, are refunded when the Museum receives cancellation notice at least two weeks before the start of a program. There is no refund within two weeks of the start of a program UNLESS someone on the waiting list can fill the place, then a refund will be given.

Weather/Illness Cancellation Policy: Classes will take place regardless of weather. When poor conditions occur, other sailing related activities will be put into practice.

Swimming Requirements: Children MUST be comfortable in and around water and be able to swim unattended. Students must be able to swim 40 yards unaided to participate.

Age Requirement: This camp is for children who are 8-12 years old. Participants must be at least 8 years old when the session begins. No exceptions.

Student Conduct: Students are required to follow a good code of conduct, respect for fellow students, safety, equipment and facility. If a behavioral problem occurs, every effort will be made to resolve it. If a behavioral problem is repeated or is serious, a staff member will contact the parents. There will be no refunds for expulsion from the program for behavioral problems.

Drop-off and pick-up may be no more than 15 minutes prior and 15 minutes after scheduled times.

Sailors should arrive promptly and bring:

- (1) A Coast Guard approved Type III/vest style life jacket with a whistle attached
- (2) Closed-toe water shoes with arch straps and heel straps or an old pair of sneakers.
NO crocs, flip-flops or open-toe tevas
- (3) Water bottle full of water each day
- (4) Healthy snack
- (5) Towel
- (6) Sunscreen (already applied before session). Sunglasses and hat optional.

Sailors will receive a US Sailing textbook & a skills logbook on the first day of camp. Returning sailors who show up with their textbook and red skills log book will receive a \$10 gift certificate for the Museum gift shop.

Sailors will receive a T-shirt and certificate of completion on the last day of camp.

S.C. Youth Sailing Summer Camp Registration

2021 OPTI CAMP \$225
SCMM Friends fee is \$200

Camper Name: _____ Age: _____ Height: _____ Wt. _____

***Weight Limit is 120 pounds**

Swimming Ability: Very Good _____ Good _____ Fair _____ **T-shirt Size:** _____

Swimming Requirements: Children MUST be comfortable in and around water and be able to swim unattended.

My child is comfortable in and around water and able to swim unattended: (circle) YES NO

Sailing Ability: Apprehensive _____ Beginner _____ Intermediate _____

Circle previous SCMM Sailing camps attended: 2018 2019 2020

Any other sailing experiences? YES NO Please list here if yes: _____

Family Information (main contact for billing and communication)

Main Contact Name _____ Phone _____

Email _____

Mailing Address _____ City _____ State _____ Zip _____

Alternate Contact Name _____ Relation _____ Phone _____

Alternate Contact Name _____ Relation _____ Phone _____

	Morning Session 9am-12 noon	Afternoon Session 1pm-4pm
J U N E	<input type="checkbox"/> June 7-11	<input type="checkbox"/> June 7-11
	<input type="checkbox"/> June 14-18	<input type="checkbox"/> June 14-18
	<input type="checkbox"/> June 21-25	<input type="checkbox"/> June 21-25
	<input type="checkbox"/> June 28-July 2	<input type="checkbox"/> June 28-July 2
J U L Y	<input type="checkbox"/> July 5-9	<input type="checkbox"/> July 5-9
	<input type="checkbox"/> July 12-16	<input type="checkbox"/> July 12-16
	<input type="checkbox"/> July 19-23	<input type="checkbox"/> July 19-23
	<input type="checkbox"/> July 26-30	<input type="checkbox"/> July 26-30
A U G	<input type="checkbox"/> August 2-6	<input type="checkbox"/> August 2-6
	<input type="checkbox"/> August 9-13	<input type="checkbox"/> August 9-13
	<input type="checkbox"/> August 16-20	<input type="checkbox"/> August 16-20

SC Youth Sailing Camp

MEDICAL LIABILITY & RELEASE

Students Name:	Birthdate/Age:
Address:	City, State, Zip:
Guardian Names:	Guardian Emails:
Day Phone:	Evening Phone:
Doctor Name:	Phone:
Medical Plan:	Medical Plan #:
If a participant is in need of medical treatment, do you give permission for this to be done in the event you can not be reached immediately? (circle) YES NO	Please list any food allergies and any additional special instructions, learning styles the staff should be aware of:

Emergency Treatment Authorization: I/We the undersigned parent, parents or legal guardian of

_____, a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical diagnosis rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital from the State of South Carolina Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment deems advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to this patient but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Release Form: The undersigned parents/guardian recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to accept his/her child into the South Carolina Youth Sailing Program, the undersigned parent/ guardian covenants and agrees to hold harmless and indemnify SCYS, the South Carolina Maritime Museum, Harbor Historical Association, and the City of Georgetown, its officers, directors, employees and agents from all claims, issues, damages, fees and liability growing out of or in any manner related to injury to a person or damage to any property.

Certification of Swimming Skill: I/We the undersigned parents or legal guardian do hereby certify our child can swim unaided for 40 yards and tread water.

Parent Agreement: I/We understand that I/we are responsible for our child's behavior and conduct and will see to it that our child adheres to the program rules. I/We agree to assume the obligation for expenses of repair and or replacement to equipment attributed to reckless behavior.

I/We will provide all items needed for the sailor listed here: (1) A Coast Guard approved Type III/vest style life jacket with a whistle attached (2) Closed-toe water shoes with arch straps and heel straps or an old pair of sneakers - no Crocs or flip flops (3) Water bottle full of water each day (4) Healthy snack (5) Towel (6) Sunscreen (already applied before session). Sunglasses and hat optional.

Signature of Guardian _____ Date _____

Signature of Student (Yes I agree and understand student conduct)

_____ Date _____

Check the box if you give permission for us to use photos or videos of your child in sailing camp presentations or promotional materials or websites. Photos from camp will be on our facebook page.