S.C. Youth Sailing Summer Camp 2020 Registration Information



420 Camp for ages 12-18

(Exceptions to age requirement may be waived on a case-by-case basis)

US Sailing Certified Instructors





SCMM Friends member fee is \$300

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

TO RESERVE YOUR SPOT

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 14-17 years old. (Exceptions will be made on a case-by-case basis.)

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 text book & a skills logbook on the first day of camp. Returning sailors who show up with their text book 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

2020 420 CAMP \$325

SCMM Friends member fee is \$300

Camper Name:				Age ((14-17 only):	_Birthdate:	Height:	Wt
Swimming Ability:	Very Good	Good	Fair	T-:	shirt Size:			
Swimming Require Children MUST be	•					wim unattended:	(circle) YES	NO
Sailing Ability:	Apprehensive_	Begi	inner	Interm	nediate			
Circle previous SC	CMM Sailing ca	amps attended	d: 2013 20	014 20	15 2016 201	7 2018 2019		
Please list or des	oribo any otho	r cailing avnor	ionoco Thio i	o roquiro	d to avaluate ava	ontions to age w	auirom ont	
riease list of des	cribe any oute	a saming expen	iences. Ims i	s require	u to evaluate ext	eptions to age it	equirement.	
Family Information	•	•		•	Dhana	Eil		
				Home Phone				
Mailing Address				City		_State	Zip	
Father's Name				Cell phone		Email		
Mother's Name				Cell ph	one	Email		
Local Contact Inf	ormation (If c	amper is stayi	ng with some	eone othe	er than parent du	ring camp or oth	ner contact is una	ıvailable)
Name			Relatio	on	Cell Phone	A	lt Phone	
Name Rela			Relatio	tion Cell Phone		A	lt Phone	
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			Morning Sessions		eck session)			
	J	June	8-12	M-F	9 am-12 Noor	ı		
	U	June	15-19	M-F	9 am-12 Noor	n		
	N \ E	lune	22-26	M-F	9 am-12 Noor	1		
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		June	29-July 3	M-F	9 am-12 Noor	1		
	اِل	July	6-10	M-F	9 am-12 Noor	ı		
	Ü	July	13-17	M-F	9 am-12 Noor	1		
	L I	luly	20-24	M-F	9 am-12 Noor	,		
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		July	22-26	M-F	9 am-12 Noor	1		
	[July	27-31	M-F	9 am-12 Noor	ı		
	A	Aug	ust 3-7	M-F	9 am-12 Noor	1		
	U	Aug	ust 10-14	M-F	9 am-12 Noor	,		

SC Youth Sailing Camp

MEDICAL LIABILITY & RELEASE

oc routh banning camp		MILDIC	AL LIADILIT I & NELLASE					
Students Name:		Birthdate/Age:						
Address:		City, State, Zip:						
Guardian Names:		Guardian Emails:						
Day Phone:		Evening Phone:						
Doctor Name:		Phone:						
Medical Plan:		Medical Plan #:						
If 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:		Please list any additional special instructions, learning styles the staff should be aware of:					
Emergency Contact/Phone:	<u>I</u>		I					
Include this form with registration & se	end to: SCYS - SC I	Maritime Museum, F	PO Box 2228, Georgetown, SC 29442					
Emergency Treatment Authorization: 1/	We the undersigned	parent, parents or leg	gal guardian of					
anesthetic, medical diagnosis rendered un licensed under the provisions of the Medi South Carolina Department of Public Heal diagnosis, treatment or hospital care beir aforementioned physician in the exercise made to contact the undersigned prior to withheld if the undersigned cannot be real medical m	nder the general or s cine Practice Act and th. It is understood t ng required but is giv of his best judgment rendering treatment ached. guardian recognizes /her child into the So armless and indemnif oyees and agents fron	pecial supervision of on the staff of any a hat this authorization en to provide authoric my deem advisable. to this patient but the that an element of ributh Carolina Youth Sty SCYS, the South Can all claims, issues, d	cute general hospital from the State of a is given in advance of any specific ty and power to render care which the It is understood that effort shall be not any of the above treatment will not be sk is involved in all water sports, sailing Program, the undersigned parent/crolina Maritime Museum and the City of					
Certification of Swimming Skill I/We th unaided for 40 yards and tread water.	e undersigned paren	ts or legal guardian c	do hereby certify our child can swim					
Parent Agreement I/We understand that our child adheres to the program rules. I/equipment attributed to reckless behavio	We agree to assume							
I/We will provide all items needed for t with a whistle attached (2) Closed-toe wa flip flops (3) Water bottle full of water each Sunglasses and hat optional.	ter shoes with arch s	traps and heel straps	or an old pair of sneakers - no Crocs or					
Signature of Guardian			Date					
Signature of Student (Yes I agree and u	nderstand student (conduct)						
		Date						
Check box if you give permission for us to use photos or video of your child in Sailing Camp presentations or promotional materials or website. Photos from camp will be on our facebook page.								