

S.C. Youth Sailing Summer Camp 2020 Registration Info

OPTIMIST PRAM φ CAMP for ages 8–14







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

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 8-14 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 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



SCMM Friends member fee is \$200

Cam	per Name:				Age	(8-14 only):Birthdate:_		Height:	Wt	
							*	Weigh	t Limit is 1	20 pounds	
Swin	nming Abil	lity: Very Good	Good	I Fair	T-:	shirt Size	e:				
Swin	nming Rec	quirements: Children My child					and be able to swime to swim unattended			NO	
Sailii	ng Ability:	Apprehensive	E	Beginner	Interme	diate	_				
	-	SCMM Sailing camp					k of this page.				
	-	ition (main contact fo	_		•						
Main Contact Name					_Home	Phone	E	mail			
Mailing Address					_City		State		_Zip		
Fathe	er's Name _				_Cell ph	Cell phoneEmail					
Moth	er's Name				_Cell ph	ell phoneEmail					
Loca	l Contact	Information (If car	mper is s	staying with some	one othe	er than p	parent during camp	or othe	r contact is	unavailable)	
Nam	e			Relatio	n	Cell	Phone	Alt	Phone		
Name Relatio						Cell Phone Alt Phone					
During the first session our instructors will evaluate the skill level of campers with previous sailing experience, and place them in a separate advanced group as appropriate.											
	Morning Sessions (check session)			eck session)		Afternoon Sessions (check session)					
JUZE JULY AUG		June 8-12	M-F	9 am-12 Noon			June 8-12	M-F	1 pm-4 p	m	
		June 15-19	M-F	9 am-12 Noon			June 15-19	M-F	1 pm-4 p	m	
		June 22-26	M-F	9 am-12 Noon			June 22-26	M-F	1 pm-4 p	m	
		June 29-July 3	M-F	9 am-12 Noon			June 29-July 3	M-F	1 pm-4 p	m	
		July 6-10	M-F	9 am-12 Noon			July 6-10	M-F	NO PM SE	SSION	
		July 13-17	M-F	9 am-12 Noon		$\overline{}$	July 13-17	M-F	1 pm-4 p	m	
		July 20-24	M-F	9 am-12 Noon			July 20-24	M-F	1 pm-4 p	m	
		July 22-26	M-F	9 am-12 Noon			July 22-26	M-F	1 pm-4 p	m	
		July 27-31	M-F	9 am-12 Noon			July 27-31	M-F	1 pm-4 p	m	
		August 3-7	M-F	9 am-12 Noon			August 3-7	M-F	1 pm-4 p	m	
		August 10-14	M-F	9 am-12 Noon			August 10-14	M-F	1 pm-4 p	m	

SC Youth Sailing Camp

MEDICAL LIABILITY & RELEASE

oc routh banning camp		MLDIC	AL LIADILITI & 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>					
Include this form with registration & se	end to: SCYS - SC I	Maritime Museum, P	O 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 Release Form: The undersigned parents/including sailing. Therefore, to accept his guardian covenants and agrees to hold has Georgetown, its officers, directors, emploor in any manner related to injury to a pe	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 authorismy deem advisable. to this patient but 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 at any of the above treatment will not be sk is involved in all water sports, ailing Program, the undersigned parent/rolina 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	lo hereby certify our child can swim			
Parent Agreement I/We understand that our child adheres to the program rules. I/equipment attributed to reckless behavior	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.						