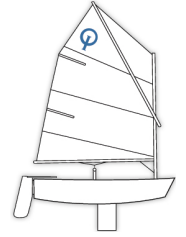


S.C. Youth Sailing Summer Camp 2019 Registration Info



OPTIMIST PRAM  CAMP for ages 8-14 \$200 fee

US Sailing Certified Instructors



SCMM Members receive 10% discount

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

2019 OPTI CAMP \$200

SCMM member fee is \$180

Camper Name: _____ Age (8-14 only): _____ Birthdate: _____ 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: 2013 2014 2015 2016 2017

Any other sailing experiences? YES NO Please list here or on the back of this page.

Family Information (main contact for billing and communication)

Main Contact Name _____ Home Phone _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

Father's Name _____ Cell phone _____ Email _____

Mother's Name _____ Cell phone _____ Email _____

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

Name _____ Relation _____ Cell Phone _____ Alt Phone _____

Name _____ Relation _____ 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)		
J U N E	<input type="checkbox"/>	June 3-7	M-F	9 am-12 Noon
	<input type="checkbox"/>	June 10-14	M-F	9 am-12 Noon
	<input type="checkbox"/>	June 17-21	M-F	9 am-12 Noon
	<input type="checkbox"/>	June 24-28	M-F	9 am-12 Noon
J U L Y	<input type="checkbox"/>	July 1-5	M-F	9 am-12 Noon
	<input type="checkbox"/>	July 8-12	M-F	9 am-12 Noon
	<input type="checkbox"/>	July 15-19	M-F	9 am-12 Noon
	<input type="checkbox"/>	July 22-26	M-F	9 am-12 Noon
	<input type="checkbox"/>	July 29-Aug 2	M-F	9 am-12 Noon
A U G	<input type="checkbox"/>	Aug 5-9	M-F	9 am-12 Noon
	<input type="checkbox"/>	Aug 12-16	M-F	9 am-12 Noon

		Afternoon Sessions (check session)		
<input type="checkbox"/>	June 3-7	M-F	2 pm-5 pm	
<input type="checkbox"/>	June 10-14	M-F	2 pm-5 pm	
<input type="checkbox"/>	June 17-21	M-F	2 pm-5 pm	
<input type="checkbox"/>	June 24-28	M-F	2 pm-5 pm	
<input type="checkbox"/>	July 1-5	M-F	NO PM SESSION	
<input type="checkbox"/>	July 8-12	M-F	2 pm-5 pm	
<input type="checkbox"/>	July 15-19	M-F	2 pm-5 pm	
<input type="checkbox"/>	July 22-26	M-F	2 pm-5 pm	
<input type="checkbox"/>	July 29-Aug 2	M-F	2 pm-5 pm	
<input type="checkbox"/>	Aug 5-9	M-F	2 pm-5 pm	
<input type="checkbox"/>	Aug 12-16	M-F	2 pm-5 pm	

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 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:			

Include this form with registration & send to: SCYS - SC Maritime Museum, PO Box 2228, Georgetown, SC 29442

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 may deem 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 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 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.