



The mission of Port Sailing Youth Program is to introduce junior sailors to the basics of seamanship, sportsmanship, and boat handling skills. The program strives to instill the value of teamwork, confidence, and a respect for the sea. Through its programs and policies, Port Sailing seeks to support all sailors, at all levels of skill, and to encourage the sport of sailing in local waters and beyond.

Summer Session 2012

For 2012, our summer program will begin Monday June 27, 2011. Sailing sessions are for two week. All session will be Monday through Friday, 9:00 AM until 4:00 PM. The price for the two-week session is \$1,040. We offer a 10% discounts for siblings and early enrollment (by March 15).

Each sailing sessions will consist of a basic sailing course aboard one of our 23-foot keel sailboats. These boats are extremely safe and are fully equipped with all required U.S.C.G. safety gear. Instructors are American Red Cross CPR and First Aid certified. Instructor-to-

student ratio is one to five. This program is designed for those between the ages of 10-17. It is a hands-on sailing course where students learn to both skipper and crew.

Students are grouped according to age and/or experience. All students will complete the NY State Safe Boating Course required by law to operate motor boats and jet skis under the age of 18. Experienced students will sail independently within a specific area under the watchful eye of an instructor. Each student is to bring his or her own lunch, or buy it at the restaurant on the premises.

Summer Program Dates

Session 1

June 25 - July 6

Session 2

July 9 - July 20

Session 3

July 23 - August 3

Session 4

August 6 - August 17

Student's Name: _____ Age: _____

Parent / Guardian: _____ Phone: _____

Please complete Registration form & Waiver

**Port Sailing School, 86 Orchard Beach Blvd., Port Washington, NY 11050
(516) 767-7245 (516) 767-SAIL**

Student Name:

 Address:

 City: _____ State: _____ Zip: _____
 Phone & Email:

 Age: _____ Entering Grade: _____ Sex: (M) (F)
 Prior Sailing Experience Yes: _____ No: _____
 Parent's Name:

 (Please Print)

WAIVER:

The undersigned student acknowledges the participation in water related activities are subject to certain inherent risks, and accepts all risk on land or sea while participating in these activities. In addition, the undersigned agrees to reimburse Port Sailing School for loss or damage to property resulting from their gross negligence, or misconduct. Student also agrees to allow Port Sailing School to use any images of them participating in these activities for promotion which may be included but not limited to brochures, press releases, advertising or website development. Further if student is not eighteen (18) years of age, a parent or legal guardian must sign this waiver in addition to the student, and complete the medical form. Additionally, the parent or guardian accepts the responsibility of the actions of the child in the event the child damages property resulting from their gross negligence, or misconduct, and waives the on behalf of the student, the right to bring an action or claim as stated herein.

Signature (or parent's signature if under 18):

Please list specific activities to be restricted, allergies, medical conditions, and medication use, etc.

Emergency Contact Persons:
 Name

Relation to Student

Phone Number

Check	Session	Dates	Enrollment Type	Fee	Deposit
[]	One	June 25 - July 6	Regular Discount*	\$1040 \$927	\$520 \$463.50
[]	Two	July 9 - July 20	Regular Discount*	\$1040 \$927	\$520 \$463.50
[]	Three	July 23 - August 3	Regular Discount*	\$1040 \$927	\$520 \$463.50
[]	Four	August 6 - August 17	Regular Discount*	\$1040 \$927	\$520 \$463.50

BALANCE DUE JUNE 1st. No refunds after June 1st

* Discount = for siblings or early enrollment by March 15, 2010.

PAYMENT INFORMATION:

A 50% deposit required.

TO APPLY BY MAIL: Complete this form and mail this entry and your payment (check or credit card information) to Port Sailing School, 86 Orchard Beach Blvd., Port Washington, NY 11050.

TO APPLY BY FAX: Complete this form with your credit card information and fax it to 516-767-2199.

[] Enclosed is my check payable to Port Sailing School.

PLEASE CHARGE MY:

[] MASTERCARD [] VISA

Credit Card # _____

Expiration Date: ____ / ____ Cardholder must sign below:

Confirmation of receipt and instructions for first day will be mailed within 10 days of receipt of deposit.
Port Sailing School, 86 Orchard Beach Blvd., Port Washington, NY 11050 (516) 767-7245

Student Name:

WAIVER