



Bay Waveland Yacht Club 2016 Sailing Camp

General Information

Get set for another great summer of sailing at Bay Waveland Yacht Club! Our program is second to none with the very best in sailing instruction. Our plan is to give your child the best possible sailing camp experience by focusing on safety, fun, and learning. Every day is packed with a variety of fun activities and sailing adventure. All campers are invited and encouraged to attend the regatta and banquet at the end of the summer!

Director: Casey Trapani

Session Dates: Session 1—June 6-10 & 13-17
Session 2—June 20-24 & 27-July 1
Session 3—July 11-15 & July 18-22
Advanced racing clinic- July 25- July 29

Requirements for the race clinic: sailors must be independent and proficient sailors. This clinic is geared strictly to racing rules and racing skills.

Regatta for all participants—July 30
Banquet for all participants—July 30

Session Times: 9:00 a.m. to 3:30 p.m. Monday through Friday.

Minimum Age: The minimum age is 7 years old.

Cost: The cost per session for members is \$425 and for non-members is \$500 which includes lunch.
A \$50 non-refundable registration fee per child applies toward the total amount.
The regatta is included in the session fees. Banquet tickets are additional.

Boats: Flying Scots, Sunfishes, 420s, and Optis



Participants **MUST** be able to swim proficiently and will be given a swim test.

Participants **MUST ALSO PROVIDE** their own life jackets. Life jackets will be worn at all times while on the water regardless of age or ability.

What to Bring

Life jacket—USCG approved Type III
Swimsuit
Hat
Sunglasses
Light colored/lightweight clothing
Sunblock at least SPF 15

**For questions about registration and payment,
contact the BWYC office at 228-467-4592.**

Please send your registration form with a \$50 non-refundable deposit to:

Bay Waveland Yacht Club
P.O. Box 3715
Bay St. Louis, MS 39521

Emergency Information

Please check any medical conditions that apply and provide any necessary additional information.

<p>Chronic Ailments: <input type="checkbox"/> Asthma or other respiratory problems <input type="checkbox"/> Circulatory or hear problems <input type="checkbox"/> Diabetes or hypoglycemia <input type="checkbox"/> Epilepsy <input type="checkbox"/> Hemophilia or other bleeding problems</p> <p>Allergies: <input type="checkbox"/> Insect bites <input type="checkbox"/> Bee stings <input type="checkbox"/> Foods <input type="checkbox"/> Drugs <input type="checkbox"/> Others, if significant</p>	<p style="text-align: center;">Additional Information</p>
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Current medications or pertinent information _____

Blood type _____ Date of last tetanus shot _____

Family physician name _____ Phone _____

Date of most recent physical examination _____

Where are your medical records kept? _____

Insurance carrier _____ Insurance ID# _____

Who should be notified in case of emergency?

Name _____ Relation _____

Phone: Home _____ Business _____ Cell _____

Name _____ Relation _____

Phone: Home _____ Business _____ Cell _____

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provision of the Education Law and/or Public Health Law and on the staff of any hospital holding a current operating certificate. 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/her best judgment may deem advisable. It is understood that effort shall be made to contact the above people prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if any of these people cannot be reached.

Signature: _____ Date: _____
Applicant or Parent/Guardian (if a minor)



Bay Waveland Yacht Club 2016 Sailing Camp

Registration, Liability Release and Emergency Information

Member Account No.: _____ **Non-Member, check here please** _____

Student Name: _____ Birth Date _____ Age _____ Sex _____

Address _____ Email _____

Phone Numbers: Home _____ Cell _____

Can you swim approximately 50 yards, using any stroke, in sailing clothing and shoes? _____ Yes _____ No _____ Not sure

Your previous sailing experience _____



Session (checkmark one or more):

- | | |
|---|---|
| <input type="checkbox"/> Session 1—June 6-10 & 13-17
<input type="checkbox"/> Session 2—June 20-24 & 27-July 1
<input type="checkbox"/> Session 3—July 11-15 & July 18-22
<input type="checkbox"/> Advanced Racing Clinic- July 25- 29 | <input type="checkbox"/> Regatta for all participants—July 30
<input type="checkbox"/> Banquet for all participants— July 30 |
|---|---|

Member Session: (Includes Lunch) **\$425** _____

Non Member Session: (Includes Lunch) **\$500** _____

Advanced Racing Clinic: (Includes Lunch) **\$250** _____

Tee Shirt Size - Circle One: M L (Youth) S M L (Adult)

Waiver of Liability/Assumption of Risk

As the parent/guardian of the above named student (or as an adult participant), I hereby acknowledge that the risk of injury, including serious debilitating injury, is involved in athletic participation. I am aware that the activities associated with this event involve maneuvering a boat on deep waters in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected and/or prolonged immersion in deep waters, and collision with other watercraft and/or stationary objects such as docks and buoys. I am aware of the risks involved and give my consent for the above named student to participate in all activities associated with the Bay Waveland Yacht Club Sailing Camp. I accept any and all risks arising from participation in this event whether or not caused by negligence or other action of Bay Waveland Yacht Club and their representatives and any other persons associated with this event.

I waive and release any right I, my heirs, distributes, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of, or prosecute the Bay Waveland Yacht Club or any of their Officers, Directors, Trustees, agents, employees, coaches, instructors, vendors or other associated persons or entities, for monetary damages caused by injury to the above named student, or damage to the property of the above named student arising from the above named student's participation in this event and the use of the facilities and property of Bay Waveland Yacht Club and/or others, whether or not the injury or damage results from the negligence or other action of Bay Waveland Yacht Club or any of their Officers, Directors, Trustees, agents, employees, coaches, instructors, vendors or other associated persons or entities associated with this event. I further release and hold harmless from any loss, liability, damage or cost including reasonable attorney's fees that may occur due to the named student's participation in this sailing camp.

Signature: _____ Date _____
Applicant or Parent/Guardian (if a minor)

Print Name: _____ Relation to Student: _____