

2008 AYC JUNIOR PROGRAMS APPLICATION INSTRUCTIONS

Winter 2008

Dear Parent, Grandparent or Guardian:

It is hard to believe that it is time to think about summer already. The following pages are your 2008 Junior Program(JP) Sailing, Swimming, and Tennis application forms and required paperwork for admission. The format is similar to years past. The first page (Form A) in an application to have a space held for your camper. The deadline for the application is April 30, 2008.

The remaining forms are due no later than June 2, 2008. The State of Massachusetts requires all paperwork to be on file and available for inspection prior to the opening of camp. This applies to all second session campers as well. After June 23, 2008 (start of camp), the State inspector may not accept any forms. As a result the applicant will not be able to attend any of the Junior Programs.

The following is a check list to assist you with the forms needed and dates for which they are due:

By April 30, 2008:

_____ Form A – JP Application Form

By June 2, 2008:

_____ Form H – Health History, Physician Exam & Immunization Record

_____ Form L – Liability and Indemnity Agreement

_____ Form T – Trip Form

_____ Form R – Alternate Pickup/Release Form

_____ Form V – Intent to Volunteer Form (optional)

If you have any questions while you are working to fill out these forms please do not hesitate to contact me:

Don Allard – Junior Programs Director

e-mail don_allard@nobles.edu Home phone (508) 650-3825

All forms and deposits should be mailed to: AYC, JP P.O. Box 1266 Gloucester, MA 01930

2008 AYC JUNIOR PROGRAMS - APPLICATION FORM

Form A

Use one form per child. *Minimum enrollment is one 4-week (First or Second) session.*

Name of Child _____ Age on 9/1/08 _____ DOB _____

1. Member (the account to which all program charges will be billed):

Name _____ AYC Account # _____

Parent or member to whom subsequent correspondence should be sent:

Name _____

Winter Address _____

Telephone _____ Email _____

Summer Address _____

Telephone _____ Email _____

JUNIOR PROGRAM

Age 8 on, or before, September 1, 2008 OR entering third grade

Desired Grouping: (circle one) Beginner (first year-age 8) JP II (age 9) JP III (age 10)

*NOTE: It is generally expected that 8-year-olds will enroll as Beginners;
Final placement for all participants will be determined by the Program Director*

Enrollment Period: (circle one)	Full Season (Monday, June 23 – Friday, August 15)	\$1200.00
	First Session (Monday, June 23 – Friday, July 18)	\$660.00
	Second Session (Monday, July 21 – Friday, August 15)	\$660.00

Additional Contiguous Week or Two Weeks (Dates): _____

BOAT CREDIT: Subject to acceptability, the following Optimist Dinghy will be made available for Program use:
[Please bring the Dinghy to Boat Check-in, 12 – 3p.m., on Saturday, June 21 at the Boatyard]

Boat Name _____ Sail Number _____

Return this completed form to the Club by mail (Box 1266, Gloucester, MA 01930), postmarked no later than April 30, 2008, with a non-refundable deposit of \$100 per child. Applications are accepted on a first-come, first-served basis, and late applications will be accepted only if space is available. A \$100 late fee may be assessed for applications postmarked or submitted after April 30, 2008, if the child is admitted to the Junior Programs.

Please see notes on Instruction page and/or in the Parent Handbook regarding Program Withdraw penalties.

**2008 AYC JR. PROGRAMS
HEALTH & IMMUNIZATION HISTORY FORM H**

****This form must be accompanied by a copy of the most recent physical exam and immunization history ('07-'08 school health form).**

Child's Name _____ Birthdate ___/___/___ Sex _____
Last First Initial

Emergency Contact _____ Phone _____

<p><u>Health and History of Child</u> (check – giving approximate dates)</p> <p><input type="checkbox"/> Frequent Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Convulsions <input type="checkbox"/> Diabetes <input type="checkbox"/> Bleeding/Clotting Disorders <input type="checkbox"/> Hypertension <input type="checkbox"/> Mononucleosis</p> <p><u>Diseases</u></p> <p><input type="checkbox"/> Chicken Pox <input type="checkbox"/> German Measles <input type="checkbox"/> Measles <input type="checkbox"/> Mumps</p> <p><u>Allergic Reactions</u> (dates not needed)</p> <p><input type="checkbox"/> Foods (specify) <input type="checkbox"/> Poison Ivy, Oak, Sumac <input type="checkbox"/> Penicillin <input type="checkbox"/> Other Drugs <input type="checkbox"/> Asthma <input type="checkbox"/> Other Specify _____</p>	<p><u>Additional Emergency Contacts</u></p> <p>_____ Name Phone</p> <p>_____ Name Phone</p> <p>_____ Name Phone</p> <p>Operations or serious injuries (dates) _____ _____</p> <p>Chronic or recurring injuries of medical concern _____ _____</p> <p>Current Medication _____ _____</p> <p>Name of dentist/orthodontist _____ Phone _____</p> <p>Name of family physician _____ Phone _____</p> <p>Do you carry medical/hospital insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, indicate: Carrier _____ Policy or Group # _____</p>
--	---

IMPORTANT – THIS MUST BE COMPLETED FOR ATTENDANCE*

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. **AUTHORIZATION FOR TREATMENT:** I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.

Signature of Parent or Guardian _____ Date _____

*If for religious reasons you cannot sign this, then contact camp for a legal waiver which must be signed for attendance.

**IN ACCORDANCE WITH MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH REG:
NO CHILD MAY ATTEND CAMP WITHOUT COMPLETED IMMUNIZATION/HEALTH
HISTORY FORMS ON SITE. YOUR FAILURE TO SUBMIT THIS FORM WILL CAUSE YOUR
CHILD TO BE EXCUSED FROM CAMP. NO REFUNDS WILL BE GIVEN.**

RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I understand that participation in the Annisquam Yacht Club Junior Programs involves physical activities and a risk of bodily injury to my child, _____, and to others. On behalf of myself and my child, I assume and accept full responsibility for the inherent and other risks of these activities (both known and unknown) and for any injury, damage, death, or other loss suffered by myself or my child resulting from, or in connection with, these activities. Furthermore, on behalf of myself, members of my family, and my child, I agree to release and not to sue the Annisquam Yacht Club, or any of its officers, governors, members, agents, or employees, (herein collectively "AYC") or make any claim against AYC as a result of any injury, damage, death or other loss suffered by myself or my child resulting from these activities. Further, I agree to defend and indemnify AYC with respect to all claims brought against AYC, in any way connected with my child's enrollment or participation in AYC activities. This release and indemnity agreement includes any losses caused or alleged to be caused, in whole or in part, by the negligence of AYC (but not its gross negligence or intentional or reckless misconduct), and includes claims for personal and bodily injury, property damage, wrongful death, breach of contract or otherwise. By signing below I affirm that I have carefully read, understand, and voluntarily signed this release and indemnity agreement and acknowledge that it should be effective and binding upon me, my minor children, any other parent or guardian of my child and other family members, and my heirs, executors, representatives, and estate.

Parent or Guardian's Signature: _____

Print name: _____

Date: _____

TRIP FORM

Name of child participating in the 2008 Programs: _____

Circle one: JP SP JYC

AYC SPONSORED TRIPS (JP, SP, JYC)

I, the parent or guardian of the child named above, give permission for my child to participate in AYC sponsored trips to events held off campus both in Annisquam and outside of Annisquam.

(Subject to permission for automobile travel below.)

Parent or Guardian's Signature: _____ Date: _____

AUTOMOBILE TRAVEL – Please sign under clause A or B:

A. I grant permission for the child named above to ride in a motor vehicle with any parent driver or any Program counselor age 18 years or older for any Program event.

Parent or Guardian's Signature: _____

Date: _____

B. I wish to be individually consulted prior to each instance of Program-arranged travel and understand that my child will not be allowed to ride by car to or from any event without my written permission, even if I am not available. **(Note: alternative arrangements for your child must be made if you select this option in case you are not available to consent or transport your child.)**

Parent or Guardian's Signature: _____

Date: _____

ALTERNATE PICKUP/RELEASE PERMISSION FORM

Name of child participating in the 2008 Programs: _____

Circle one: Under 8 JP SP JYC

Fill out A or B below:

A. I, the parent or guardian of the child named above, give permission for AYC personnel to release my child at the end of the Camp day to walk or ride a bike home from camp:

Parent or Guardian's Name (please print): _____

Parent or Guardian's Signature: _____ Date: _____

Telephone numbers in case of questions/emergency: (in order of preference; indicate home, cell, work, etc.)

(____) _____ (____) _____

(____) _____ (____) _____

B. I, the parent or guardian of the child named above, do not give permission for AYC personnel to release my child at the end of the Camp day to anyone other than myself or the individual(s) named below:

Alternate Pickup Person(s):
(A picture ID may be required.)

1) _____

2) _____

3) _____

Signed: _____

Print Name: _____

Relationship to child: _____

INTENT TO VOLUNTEER FORM

In the past, successful AYC Junior Program events have required the participation of parent volunteers. Some of the areas where volunteerism could be utilized the most are:

Tennis event coordination and driving:

- tennis events occur weekly during the summer and require a coordinator for each week and a number of drivers

Sailing event coordination and driving:

- sailing events occur through out the summer for JYC on a weekly basis and throughout the summer occasionally for regattas. Each week a coordinator may be needed and a number of drivers. The large regattas will require a number of parents to chair activities that surround preparing for and participating in each regatta

Camp communication and newsletter or phone list:

- communication of events during the summer have in the past been difficult because of the various postings that occur and come in during the summer. This individual(s) would assist in determining a method of communication for parents regarding activities. They may also assist with developing a phone list for rapid communication through the camp participants incase of a change in the schedule.

Special events coordination and driving:

- in the case of a special event these individuals would be available for assisting in organization and communicating a change in the normal camps schedule.
- Please indicate, by drawing a circle around the level of involvement, if you would like to volunteer to assist with any of these activities and the level of involvement you are willing to commit participation.

The levels of involvement are:

Coordinator (working with camp director and parents to organize and plan events)

Support staff (working with coordinator putting plans in place)

Driver (able to be a driver, understanding that you are only able at some times)

On Call (able to be given a call for rapid assistance)

Please write you name, when you are available to be reached, the area you would like to volunteer, and any phone numbers or e-mail that can be used to reach you.
