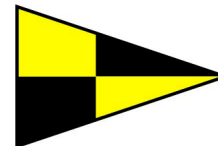


Lincolville Boat Club
PO Box 305
Lincolville, ME 04849
975-4916



APPLICATION FOR YOUTH 2010 CLASSES

Personal Information

Applicant's Name _____ Date of Birth _____

Address _____ Zip _____

E-mail _____ Home Phone: _____ Work or Cell: _____

For Students under 18 years of age;

Mother's Name _____ Home # _____ Work # _____

Father's Name _____ Home # _____ Work # _____

Youth Class Courses

Introduction to Sailing

½ days (1:00pm – 3:30pm)
1 Week Long

___ Session B2 July 12 to July 16

___ Session B3 July 19 to July 23

___ Session B4 July 26 to July 30

___ Session B5 Aug 2 to Aug 6

Beginner Youth

Full Day (10am – 4:30pm)
1 Week Long

___ Session Y1 July 5 to July 9

___ Session Y2 July 12 to July 16

___ Session Y3 July 19 to July 23

___ Session Y4 July 26 to July 30

___ Session Y5 Aug 2 to Aug 6

Advanced Sailing

Full Day (10am – 4:30pm)
1 Week Long

___ Session Y6 Aug 2 to Aug 6

The cost of the intro classes are \$90 and beginner classes are \$190 per sailor. The fee is due with this application. If you cannot afford the cost of this program please contact Steve Nystrom at the LBC number or email for assistance with a financial aid program.

Mail Application, Emergency Medical Form, and Check to:

Program Director
Lincolville Boat Club
PO Box 305
Lincolville, ME 04849

Liability Waiver

Statement of Understanding

I am the parent/guardian of the above named student, a minor child, and have the authority to enroll him/her as a student to attend a series of sailing lessons conducted by Lincolnville Boat Club. By signing below, I acknowledge that I understand that my child will be embarking on a sport that may involve some risk of injury. I understand that my child must abide by certain rules of the Sailing Program which will be explained to them by the instructors and that if my child acts in such a way as to put him/herself, any other child, or any of the equipment or property of Lincolnville Boat Club in jeopardy, that my child will be subject to removal from the program and the grounds of Lincolnville Boat Club. I agree to reimburse Lincolnville Boat Club for damage to any property, whether owned by Lincolnville Boat Club, Town of Lincolnville, or a private party that is caused by my child's willful misconduct or carelessness.

I understand that I must provide certain equipment for my child to have and use when he/she is participating in the Sailing Program including a personal floatation device approved by the USCG and which must be worn at all times during program lessons, foot protection, and adequate clothing for cold and/or rainy days.

Parent Signature _____

Date _____

Code of Conduct

The goal of this program is to teach youth safe seamanship, to sail and be comfortable on the water. We hope to instill a lifelong love for sailing and healthy respect for the water. We want the children to have fun, feel safe participating in our program.

In order to accomplish this, we ask all students, instructors and parents follow this Code of conduct:

- 1. Treat everyone fairly and with respect**
- 2. We will treat Lincolnville Boat Club and its property with care / respect**
- 3. We will promote the sport of sailing**
- 4. Be cooperative and respectful**
- 5. Obey our instructors**
- 6. We will use appropriate language.**

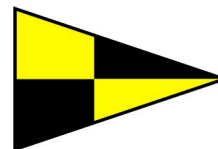
Consequences for breaking the program code of conduct:

- 1st Verbal warning**
- 2nd Parent and Director notified**
- 3rd Student will take a day off**
- 4th If no improvement or solution, student will leave the program for the year.**

I have read and agree to abide by the LBC code of conduct:

Student signature: _____ Parent signature: _____

Lincolnvile Boat Club
PO Box 305
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975-4916



EMERGENCY MEDICAL FORM

Personal Information

Applicant's Name: _____ Date of Birth: _____

Address: _____

Primary Contact or Parent/Guardian

Name: _____ Relationship: _____

Home# _____ Work # _____ Cell # _____

Secondary Contact or Parent/Guardian

Name: _____ Relationship: _____

Home# _____ Work # _____ Cell # _____

Alternate Contact (If neither of the above are available)

Name: _____ Relationship: _____

Home# _____ Work # _____ Cell # _____

Medical Information

Physician's Name: _____ Physician's Phone: _____

Dentist's Name: _____ Dentist's Phone: _____

Please list any health/learning problems that might affect you or your child's participation in this program:

Please list any medications that your child is taking:

Please list any allergies your child may have:

Health Insurance Provider: _____ Acct #: _____

Medical Waiver

I understand that a reasonable attempt will be made to contact me should an emergency arise, but in the event that Lincolnville Boat Club is unable to reach any of the names above, I give permission to transport my child to the nearest source of emergency care and to administer necessary and appropriate medical care.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian emergency treatment authorization

I, _____ (Parent/guardian), authorize the program organizers or employees to sanction emergency treatment if none of the above named can be contacted at the time of the emergency.

Signature _____ Date _____