



Columbia Sailing Club 2012 Junior Sail Camp Application

Camper Information

Name: _____ Age: _____

2011 -2012 Grade: _____ T shirt size: _____ (Youth Sm, Youth Med, Youth L, Adult S, A/M, A/L, A/XL)

_____ My child previously attended a Columbia Sailing Club Sail Camp in _____ year.

Camp Sessions

Please select the camp your child wishes to attend:

<i>Select</i>	Camp Description	Dates	Times
	Beginners and Intermediate (ages 7 & up)	6/4 – 6/8	8:30 – 12:30
	Beginners (ages 7 – 12)	6/4 – 6/8	1:30 – 5:30
	Advance Camp Race Rules & Procotol **	6/11 – 6/15	8:30 – 12:30
	Beginners (ages 7 – 12)	6/11 – 6/15	1:30 – 5:30

** This class will be sailed in Sunfish instead of Optimists. This class is designed for taller children (over 5 feet), who weigh over 100 pounds and have previous sailing experience. Any questions, please call Maria DeHart 803-730-9310.

Contact Information

Parent or Guardian Name: _____

Address: _____

	Primary Contact	Secondary Contact
Name		
Home Phone		
Work Phone		
Cell Phone		
e-mail		

E-Mail is critical as all information regarding camps will be distributed electronically.

Fees

	Early Bird Fee!	Paid After 5/31/12
CSC member	\$135 Paid By 5/25/2012	\$150
Non CSC member	\$150 Paid By 5/25/2012	\$165

Young children with no prior sailing experience and less than 100 pounds will only be trained in Optimist dinghies. Other children will be trained in Sunfish. Children must bring a Coast Guard approved life jacket to camp.

- Amount of Check enclosed:_____ **Check must be received with application**
- Make checks payable to Columbia Sailing Club
- Return application to: Maria DeHart 107 Seafarer Lane, Columbia SC 29212
- *Registration is first come, first serve – so get yours in early!* We sold out of two camps last summer!
- Applications must be received prior to 5/31/12 to ensure your t-shirt size.

Questions? Call Maria DeHart 803-730-9310

Parental Participation

In an effort to minimize the cost of the camp and to better utilize our counselors' time, we rely on the parents or guardians of the campers to assist in serving as onshore helpers during the camp session your child is attending. The duties of these volunteers have typically been to care for campers who have injuries or illness. The duties of these volunteers are geared towards allowing our counselors to remain on the water with the other campers.

Please indicate below three possible days in which you could volunteer to help. After receiving the applications from other campers, we will select one of these days and notify you of the day that we could use you.

Preferred days (list three in order of preference):_____

Swimming Test Required

For the safety of your child and other campers, each child will be required to pass a minimum swimming test on the first day of camp and prior to sailing independently in the boat. This swim test will require swimming 25 yards without a life jacket, treading water for 1.5 minutes, then put the life jacket on and swim 25 yards while wearing a life jacket. If your child is unable to complete the swim test, your child will be dismissed from camp and no camp fees will be refunded.

Please initial here indicating you understand and have discussed our swim test policy with your child: _____

Discipline Policy

The safety of your child is of utmost importance for the staff managing the Youth Program Summer Camps. For the safety of your child, the other campers, the fleet of boats and the camp counselors the following discipline policy is in place. Should your child not follow directions or deliberately ignore safety warnings, he/she will be removed from the boat and you will be called to come pick up your child so the rest of the campers can continue to learn in a safe environment. If the behavior continues upon your child's return to camp, your child will be dismissed from camp and no camp fees will be refunded. Again, we want everyone to learn how to sail and enjoy making new friends but we **MUST** maintain a safe camp environment for all especially since we are on the water and working with boats.

Please initial here indicating you have discussed our discipline policy with your child._____

Medical Information

Camper Name: _____

To ensure the safety of your children while involved in the CSC sailing camp, we ask that all parents complete this form. We will keep this on file, on site throughout the camp. While we emphasize safety, having this information available will be invaluable in the event of an emergency.

Please indicate two persons to contact in case of an emergency in order of priority:

Contact #1: _____
(Name and contact phone #)

Contact #2: _____
(Name and contact phone #)

Doctor and Phone # _____

Health Insurance Plan and Plan # _____

Medical Conditions: Please state any medical conditions or disabilities that could affect your child during the exposure to sun, water or impact their ability to participate fully in the summer camp.

Authorization of Consent to Treatment of a Minor

The undersigned parent or guardian of _____ a minor, do hereby consent to any emergency x-ray, anesthetic, medical or surgical diagnosis and treatment as well as associated hospital care that is deemed advisable by, and is to be rendered under, the general or specific supervision of a physician or surgeon licensed in the State of South Carolina. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, and is given to provide specific authority and power to the Columbia Sailing Club, its employees, and its members to give specific consent to such diagnosis, treatment or hospital care that the aforementioned physician, in the exercise of his or her best judgment, may deem advisable. Neither the Columbia Sailing Club, nor its employees, nor its members assume any financial responsibility for exercising this action. This authorization shall remain in effect until revoked in writing.

Signature of Parent or Guardian

Date

We look forward to having a fun week of camp!