



APPLICATION FOR 2017 YOUTH CLASSES

Personal Information

Applicant's Name _____ Date of Birth _____
Address _____ Zip _____
E-mail _____ Emergency Phone: _____ Other phone: _____
Guardian/Parent 1's Name _____
Guardian/Parent 2's Name _____

Beginner Sailing (\$130)

½ days (9:00-Noon)

- June 26 - 30
- July 3 - 7 (No Tues. \$105)
- July 24 - 28
- July 31 - August 1
- August 7 - 11

Intermediate Sailing (\$130)

½ days (1:00 - 4:00)

- July 10 - 14
- July 17 - 21
- August 14 - 18

Advanced Sailing (\$55)

Mon. and Tues. (4:00 - 7:00)

- June 16 & 17
- July 10 & 11
- July 17 & 18
- July 24 & 25
- July 31 & August 1
- August 7 & 8

August 14 & 15

Water Adventure (\$260)

Full Day (9:00 - 4:00)

- June 26 - 30
- July 3 - 7 (No Tues. \$210)
- July 10 - 14
- July 17 - 21
- July 24 - 28
- July 31 - August 4
- August 7 - 11
- August 14 - 18

Discount

If you are taking advantage of one of our discounts, please check one of the applicable boxes below.

- Sign up for more than one week with us, and get a 5% discount on each week.
- Sign up two friends or family members for the same course and get a 5% discount.

Name of friend/sibling: _____

The fee is due with this application. If you need financial assistance please contact us at the LBC number, our web page, or email for assistance through our scholarship fund. Scholarships can only be used for one week. * Please see final page of this application for fee calculations.



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 participating in activities that may involve some risk of injury. I understand that my child must abide by certain rules of the Lincolnville Boat Club Youth 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 LBC Program including foot protection, and adequate clothing for cold and/or rainy days, and, if possible, a personal floatation device of their own which must be worn at all times while on the water.

Parent Signature _____ Date _____

Code of Conduct

The goal of this program is to teach youth safe seamanship, to boat, and be comfortable on the water. We hope to instill a lifelong love for boating and healthy respect for the water. We want the children to have fun and 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. Treat Lincolnville Boat Club and its property with care and respect**
- 3. Be cooperative and respectful**
- 4. Obey the instructors**
- 5. Use appropriate language**
- 6. Promote safe boating**

Consequences for breaking the program code of conduct:

- 1st Verbal warning**
- 2nd Parent 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: _____

The LBC would like permission to use the still photo, video, and/or voice of the participant in photographs, videotapes, publications, web sites, and other electronic media. Primarily this would be on the club's web site, Facebook page, and advertising materials to reflect the club's activities.

I have read the above and agree or disagree to the above uses

Parent signature: _____

EMERGENCY MEDICAL FORM

Personal Information

Applicant's Name: _____ Date of Birth: _____

Primary Contact or Parent/Guardian

Name: _____ Relationship: _____

Emergency # _____ Other: Work/Cell/Home # _____

Secondary Contact or Parent/Guardian

Name: _____ Relationship: _____

Emergency # _____ Other: Work/Cell/Home # _____

Medical Information

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

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

Please list any health/learning problems that might affect 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: _____

Policy/Group Number: _____

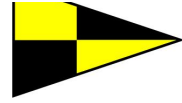
Medical and Emergency Consent/Waiver

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 authorize the program organizers or employees to sanction emergency treatment. I understand the fees do not include health and accident insurance and I will be responsible for any and all charges incurred in obtaining prompt medical attention.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Lincolnvile Boat Club
PO Box 305
Lincolnvile, ME 04849
(207) 975-4916



FEE CALCULATIONS

| # Weeks | Beginner or Intermediate | Advanced | Water Adventure |
|-----------------------|--------------------------|----------|-----------------|
| 1 week, no discount | \$130 | \$55 | \$260 |
| 1 week with discount | \$123.50 | \$52.25 | \$247 |
| 2 weeks with discount | \$247 | \$104.50 | \$494 |
| 3 weeks with discount | \$370.50 | \$156.75 | \$741 |
| 4 weeks with discount | \$494 | \$209 | \$988 |