

# SAILING CAMP-WEEKLY



Sailing Camp Days: Monday, Tuesday, & Thursday

**Beginners from: 9am to 12pm**

**Intermediate from: 1pm to 4pm**

**\*\*PLEASE CIRCLE WHICH WEEK AND SKILL LEVEL\*\***

1<sup>ST</sup> Week July 8, 9, 11 - Beginner or Intermediate

2<sup>ND</sup> Week July 15, 16, 18 - Beginner or Intermediate

3<sup>RD</sup> Week July 22, 23, 25 - Beginner or Intermediate

4<sup>TH</sup> Week July 29, 30 & August 1 - Beginner or Intermediate

5<sup>TH</sup> Week August 5, 6, 8 - Beginner or Intermediate

AGES 8 TO 16 COST:

**\$25 RESIDENTS WEEKLY \$35 NON-RESIDENTS WEEKLY**

**\*\*SAILOR MUST BE ABLE TO PASS SWIM TEST WITH LIFEGUARD\*\***

**For questions please call Sally @ 207-280-0990.**

# SAILING CAMP REGISTRATION FORM

#1.SAILORS NAME \_\_\_\_\_ AGE \_\_\_\_\_

#2 SAILORS NAME \_\_\_\_\_ AGE \_\_\_\_\_

#3 SAILORS NAME \_\_\_\_\_ AGE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

WORK PHONE# \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CHILD MUST BE ABLE TO PASS A SWIM TEST WITH LIFEGUARD

MEDICAL INFORMATION:

EMERGENCY CONTACT \_\_\_\_\_ PHONE# \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

I,WE THE PARENTS/GUARDIAN OF THE ABOVE NAMED CHILD GIVE MY/OUR APPROVAL TO PARTICIPATE IN ANY AND ALL PROGRAM ACTIVITIES. WE KNOW THAT PARTICIPATION IN RECREATION ACTIVITIES MAY RESULT IN SERIOUS INJURY AND PROTECTIVE EQUIPMENT DOES NOT PREVENT ALL INJURIES TO CHILDREN AND HEREBY WAIVE, RELEASE ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS TO THE GREENVILLE RECREATION DEPARTMENT, THE TOWN OF GREENVILLE, THE ORGAINIZERS, SPON3 USE THEM FOR MEDIA TO PROMOTE THS EVENT AND UPCOMING EVENTS PUT ON BY THE GREENVILLE RECREATION DEPARTMENT.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE BRING WATER, SNACK, HAT, SUNSCREEN, BATHING SUIT, WATER SHOES, AND A CHANGE OF CLOTHES FOR YOUR CHILD.**

**COST: \$25 WEEKLY RESIDENTS**

**\$35 WEEKLY NON-RESIDENTS**