

# NSA Jr. Sailing

**Jr. Sailing Camp:** This is a 2 week beginner/intermediate program where beginning and intermediate sailors, ages 8-17, will learn and improve their sailing skills. At the end of the camp, the sailors will be eligible for continuing their sailing with the NSA Regatta team. Enrollment is open, but will be limited to 15 per session.

The Camp Fee for children and grandchildren of NSA Members is \$150. For children with no association with NSA, the Camp Fee is \$225, which includes a Jr. Membership for the sailor. \$25 is non-refundable.

Camp is 9:00am to 4:30pm Monday thru Friday. Campers must be picked up no later than 4:30pm each day. NSA Sailing instructors are US Sailing and Red Cross CPR First Aid Certified.

All juniors will be required to wear a US Coast Guard approved life jacket (PFD) while on the water and the docks. All students are required to pass a swim test of 25 yards with a PFD on the first day of camp.

NSA will supply boats for the participants. Students 14 yrs. old and under with a weight of 130 lbs. and under will sail in Optimists. Older and larger students will sail in Sunfish.

**Equipment Needed:** PFD, Tennis or Boat Shoes, Swimsuit, T-shirt, Hat, Sunglasses, Sunscreen, Towel, Water Bottle, and Lunch with Drink. All items should be marked with the camper's name.

**Regatta Team:** This is a racing program for juniors who have completed the Jr. Sailing Camp or similar sailing program. The focus of the program will be to learn tactical practices for racing in regattas. The team will be limited to 10 sailors.

Regatta Team fees are \$150 for the summer. This includes coaching fees, use of boats, transportation of boats, and team t-shirt. Regatta fees and travel expenses are not included.

The team will practice every Wednesday night from 6:00pm to 7:00pm, starting June 25 through August 20. The team will compete at CSSA Jr. Regattas in Kansas and Oklahoma. NSA Regatta Team Coaches are US Sailing and Red Cross CPR First Aid Certified.

We want all of our Summer Sail Campers to have an enjoyable and FUN summer. Our primary purpose is to provide quality instruction. To do this and have the most fun in the process, discipline must be maintained. Juniors who cannot maintain the appropriate safe and respectful conduct will be subject to disciplinary measures.

# NSA Jr. Sailing

## Registration

Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## Authorization for Consent to Treatment of a Minor

The undersigned parent or guardian of \_\_\_\_\_, a minor, does hereby consent to any emergency X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

Persons to Contact in an Emergency:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

This authorization shall be effective until revoked in writing.

Signature of Parent or

Legal Guardian \_\_\_\_\_

Date: \_\_\_\_\_

## 2003 Sessions

	Members	Non Members
Beginning/Intermediate (\$25 is non-refundable)	\$150	\$225
Regatta Team	\$150	\$150

Jr. Sailing Camp June 2 – 13: \_\_\_\_\_

Jr. Sailing Camp June 16 – 27: \_\_\_\_\_

Late Fee (\$25 after April 17): \_\_\_\_\_

Regatta Team June 25 – Aug. 20: \_\_\_\_\_

**Total:** \_\_\_\_\_

Check #: \_\_\_\_\_

CHECKS PAYABLE TO:  
NSA Jr. Program

MAIL COMPLETED REGISTRATION &  
WAIVER OF LIABILITY FORMS TO:

Mike & Lori Graham  
2649 N. Keith Ct  
Wichita, KS 67205

QUESTIONS:

Mike & Lori Graham  
773-3580

OFFICE USE:

Date rec'd \_\_\_\_\_ Liab & Med \_\_\_\_\_

Check rec'd \_\_\_\_\_

# NSA Jr. Sailing

## Jr. Activities Parent's Consent and Waiver of Liability – Assumption of Risk – Indemnity Agreement

The undersigned parents or legal guardians (hereafter referred to in the singular) of (herein referred to as the "child"), request that the child be allowed to participate at any Ninnescah Sailing Association (herein referred to as NSA) Junior activity (herein referred to as "the activities").

This agreement shall remain in effect until NSA Junior Committee receives written notice of the cancellation of the consent or until the end of the activities described above.

In return for the child being permitted to take part in the activities and to use the facilities and property of NSA, each of us makes the following promises and warrants the truth of the following facts:

1. I am familiar with the programs included in the activities, and I understand officers and employees of NSA are available to discuss the activities if I should wish additional information. I also understand I am solely responsible for the arrival and departure of my child at the beginning and end of each day's activities. I will not allow my child to remain on the premises of NSA after each day's program without appropriate supervision or the written permission of NSA. I agree NSA will have no responsibility for the supervision of my child at times other than during the scheduled activities. I will inform my child that he/she is expected to cooperate with, and follow the directions of the persons in charge of the activities and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.
2. My child is in good health, and I know of no reason why he/she would be incapable of participating in the activities. My child knows how to swim. I will immediately notify NSA if a change in my child's health or other condition would affect my child's ability to participate in the activities.
3. **WAIVER OF LIABILITY:** I waive and release any right I, my heirs, distributees, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of or prosecute NSA or any of its members, directors, officers, agents, employees and affiliated organizations (herein referred to as "the releases") for monetary damages caused by injury to my child or damage to the property of my child or myself arising from my child's participation in the activities and use of the facilities and property of NSA, whether or not the injury or damage results from the negligence or other action, except intentional acts, of any of the releases. [Please initial to indicate you have read this paragraph. \_\_\_\_; \_\_\_\_ ]
4. **ASSUMPTION OF RISK:** I am aware that the activities may involve maneuvering a boat, sailboard or other watercraft on deep water in potentially hazardous conditions which may include among other things, strong winds and high waves, sudden and unexpected immersion in deep waters and collision with other watercraft or stationary objects such as docks, pilings, and buoys. With knowledge of the dangers involved, I voluntarily ask that my child be allowed to take part in the activities. **I ACCEPT ANY AND ALL RISKS TO MYSELF AND MY CHILD OF INJURY, DEATH, AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF NSA, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTION, EXCEPT INTENTIONAL ACTS, OF ANY OF THE RELEASES.** [Please initial to indicate you have read this paragraph. \_\_\_\_; \_\_\_\_ ]
5. **INDEMNITY AGREEMENT:** I agree to indemnify and hold the releases harmless from any loss, liability, damage or cost, including reasonable attorneys fees, they may incur due to my child's participation in the activities and use whether or not such loss, liability, damage or cost results from the negligence or other action, except intentional acts, of any of the releases. [Please initial to indicate you have read this paragraph. \_\_\_\_; \_\_\_\_ ]

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES A WAIVER OF LIABILITY, AN ASSUMPTION OF RISK AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASES, AND I SIGN IT OF MY OWN FREE WILL.

Date \_\_\_\_\_

Child's Signature \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_ Print Name \_\_\_\_\_